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ABSTRACT

The State guide provides rehabilitation personnel with guidelines for structuring and implementing adjustment programs to prepare clients to become more adequately functioning community members. Part 1 discusses objectives, general techniques, and learning/motivation principles. Appropriate techniques include: individual counseling, group counseling, work experience setting, behavior modification, attitude therapy, and individual and classroom instruction. Part 2 familiarizes the reader with behavior analysis terminology and procedures. In Part 3 a rehabilitation educator/administrator discusses the relationship of vocational evaluation and adjustment services. This section also considers behavior descriptions, attitude analysis, work habit patterns, and adjustment skills assessment. Focusing on program development, Part 4 covers: (1) planning stages (need, space, financial aspects, time, and staff); (2) innovation/implementation (objectives, client supervision/reporting, and curriculum outlines/lesson plans); and (3) resource materials. Part 5 provides examples of training area outlines and lesson plans dealing with: job readiness, personal appearance and hygiene, budgeting, and social/work/recreational adjustment. A content outline of information areas and a survival word list necessary to daily living adjustment also are included. The concluding section discusses client followup (sample letters to clients and employers and employee performance forms included). The appendix consists of 188 references coordinately indexed to 15 subject categories. (EA)

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ADJUSTMENT SERVICES IN REHABILITATION

Emphasis On Human Change

Richard J. Baker
Horace W. Sawyer

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Guidelines for the Development
of Adjustment Services in
Rehabilitation

A Cooperative Project
of the
Alabama Vocational Rehabilitation Service
Rehabilitation Services Education
Auburn University

Rehabilitation Services Education
Department of Vocational and Adult Education
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Auburn, Alabama 36830

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FORWARD

Adjustment training is one of the most important services to be offered by Rehabilitation Facilities, for although evaluation is the cornerstone or basis of the rehabilitation plan, the adjustment program is where the action is. It is here that the client must learn the appropriate skills and/or behavior necessary to become a more adequately functioning member of his community. Unfortunately, we have found that adjustment training (because it deals with the intricacies of human behavior) is perhaps the least well defined and understood phase of the rehabilitation process. As a result the content or activities related to adjustment programs vary a great deal among rehabilitation facilities, with some facilities providing work experiences of various kinds while others use group counseling, personal hygiene classes, social clubs, remedial education classes, or activity of daily living programs as the core of their adjustment programs.

Another result related to the general concept of adjustment training is that many of these existing programs seem to have been developed with little thought given to specific goals or structure other than they are to help the client become "more adequate," self confident, more capable of independent living, and other equally nebulous goals. Because such vague terms are used as goals or objectives it is difficult to evaluate the effectiveness of these pro-

grams and often it seems that clients who do make progress do so by accident rather than by plan. If we are to ever differentiate between what works and what does not in adjustment services, we must begin to objectively examine the adjustment process in terms of specific purposes and goals as they relate to the total rehabilitation process.

The purpose of this guide is to briefly examine some concepts of adjustment presently being used in rehabilitation facilities, and then to recommend guidelines that can help facility adjustment staff develop adequate programs based upon the clientel and other resources available to them in their facilities and in the community. It is recognized that some parts of this guide may be more useful to some facilities than to others, but in any case, the assets and limitations of any facility using this material must be taken into consideration.

Expanding the Concept of Adjustment Training

Before we can define the goals of an adjustment training program we must first decide what is personal adjustment and what is client training. This is not to say that these two concepts cannot or do not exist together, but that the specific goals and objectives for each are different. For example, programs dealing with remedial education, personal grooming, activities of daily living, job readiness, acquisition of social skills, vocational information, recreation, and most aspects of work adjustment, are in reality training programs, and the development of program content should be done with the objective of training or teaching

clients specific skills or to make various kinds of information available to them. To do this, curriculums specifying the material to be covered and lesson plans specifying how the material is to be taught should be developed for each training area. It is recognized that much personal adjustment goes on in these training programs, but programs of personal adjustment should be developed on an individual client basis, and for the specific purpose of changing or modifying some identifiable maladaptive behavior that is impeding the client rehabilitation progress. In many respects, personal adjustment programs are training programs of a kind and require the development of a plan that specifies what needs to be done and how it is to be done. The primary difference between adjustment training and personal adjustment is that a training program provides essentially the same basic information or experience to a number of clients, while a personal adjustment program must be designed to deal with the specific behavior problems of an individual client.

This manual will attempt to further differentiate between these two concepts and suggest methods for structuring comprehensive programs that include both personal adjustment and adjustment training. This material is by no means complete nor the programs covered all encompassing. It is a systematic attempt, however, to provide the reader with both general and specific information related to human behavior, learning, and training. It is hoped that those involved in dealing with human change will find in this manual many of the guidelines necessary for developing a comprehensive program of adjustment services in rehabilitation.

Acknowledgements

The impetus for writing this guide for the development of Adjustment Services in rehabilitation was derived from the many requests of rehabilitation personnel throughout the State of Alabama and Region IV for specific information related to the development of adjustment programs. Many of these individuals helped us immeasurably by reacting to much of this material and helping us to formulate this final revision.

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I

SOME BASIC CONCEPTS OF
BEHAVIOR AND ADJUSTMENT

PURPOSE AND THE GOALS OF ADJUSTMENT SERVICES

The general purpose of all adjustment services should be to bring about changes in client behavior. This includes all behaviors that interfere with the client's attempt to become a functional, independent member of the community in which he lives. It is important to stress that the client must learn to function adequately in relation to his own social, cultural and vocational environment, rather than in relation to the environment provided only within the rehabilitation facility. This poses a very real problem for many disadvantaged clients, for they must learn to live within the framework of values set by their immediate community and work in an environment where values and rules are determined many times by people with completely different value systems. They must learn to understand that behavior accepted or even necessary at home or "on the street" may not be accepted by those individuals he comes into contact with when holding a job. The client may have to learn two or more acceptable ways of talking, dressing, handling emotions, etc., and also learn to recognize which social setting calls for various kinds of specific behavior. This point appears to become critical when we consider that many clients who do not succeed after leaving the rehabilitation facility do so because of difficulty encountered in maintaining adequate personal-social behavior with family, peers, and employers.

There seem to be two basic reasons why a client's behavior is not adequate or acceptable in a given situation. First, the client has not learned to behave in an acceptable way for the situation, or second, the client has already learned to behave in an unacceptable way for the given situation, or perhaps for similar situations.

In the first case, the goal of adjustment is to teach the client an acceptable way to behave in situations that are new or unclear to him, and in the second case, the client must be taught to unlearn unacceptable behavior and then learn new behaviors that are acceptable.

Many of the client problems resulting from inadequate or incomplete past learning fall into the areas of education, personal hygiene and grooming, job skills, work behaviors, independent living skills, and so forth. Well organized training programs in these areas can many times serve the purpose of teaching the client the kinds of skills and/or information he needs to function more adequately. The second condition, however, often poses the most difficult adjustment problems. The client has already learned to behave unacceptably in a given setting and before he can learn new, more acceptable behaviors, a process of unlearning must occur. Here we are often dealing with clients with long histories of jobs lost because of poor work habits, inability to deal with supervisors, alcoholism, drug addiction, defiant personality patterns, and a whole history of failure and inadequacy. For these persons, individual programs must be designed to help them deal more effectively with their specific problems.

The process of determining the nature of adjustment services that need to be offered by a facility requires the definition of the adjustment needs of clientele being served by the facility. This can be accomplished to a great extent by obtaining answers to the questions raised in the following areas of concern.

I. Medical Considerations:

- A. Does the client have a medical problem, if so, does he understand the physical limitations imposed by the problem, if any?
- B. Does the client and the clients family understand the nature of the medical problem?
- C. Does the client understand the vocational limitations (if any) imposed by the medical problem?
- D. If medication is involved, does the client know what to take, when to take it, and why he is taking it?
- E. Is the client able to deal with the medical problem well enough to engage in a vocational rehabilitation program?

II. Economic Considerations:

- A. Does the client have adequate finances, clothing, etc., with which to live while engaging in the rehabilitation process?
- B. Does the client have a relatively stable place to live while in the rehabilitation program?
- C. Is the client capable of handling financial and other economic matters basic to independent living?

III. Educational Considerations:

- A. Does the client have at least basic functional ability in reading and mathematics?
- B. Does the client have the potential to obtain a higher educational level than represented by his present achievement?
- C. Is a higher level of education achievement necessary for his rehabilitation success?
- D. How does the client view the need for increasing his educational achievement?

IV. Social Considerations:

- A. Is the client capable of acceptable social interaction with peers, authority figures, members of the opposite sex, etc.?
- B. Is the client's home environment a stable one? If not, how will this instability affect his program of rehabilitation, and what can be done about it?
- C. Does the client's family support the client's rehabilitation plan? If not, how can the family become more involved?
- D. Are the client's habits of personal hygiene socially and vocationally acceptable?
- E. Does the client know what to do with his spare time? What are the implications for hobbies, recreational activities, etc.?

V. Psychological Consideration:

- A. Does the client have any specific emotional problems which need further professional help, i.e., psychiatrist, psychologist, social worker, etc?

- B. Are the client's emotional problems vocationally significant?
- C. How does the client react to pressure, frustration, stress, etc.?
- D. How dependent is the client on family, staff, significant others?

VI. Vocational Considerations:

- A. Is the client achieving at a level commensurate with his projected ability, and in line with his vocational objective?
- B. Is the client motivated toward seeking appropriate employment?
- C. Is the client physically and mentally capable to work a full work day, week, etc.?
- D. How does the client relate to supervision, co-workers? Is his general work behavior acceptable in terms of competitive work demands?
- E. Can the client satisfactorily complete a job application, and handle himself acceptable in a job interview?
- F. Does the client know how to look for the job, and will he take major responsibility for job seeking?

The answers to the above questions will help the adjustment specialist identify those clients who can benefit from a training oriented adjustment program and those who need more intensive, behaviorally oriented programs to help achieve their rehabilitation goals. The next step requires a decision to what technique or combination of techniques would be most appropriate to effectively

reach the desired behavioral objectives. Although the choice of techniques will depend to a large extent on the needs of the clients involved, the available facility program, equipment and financial resources, available staff time and professional supervision are also factors that must be taken into account.

GENERAL TECHNIQUES OF ADJUSTMENT SERVICES

Before the adjustment specialist can make a sound decision as to a specific adjustment technique that would be appropriate to help modify or change a client's behavior he must be familiar with the variety of techniques available to him. The following discussion deals with the definition, objectives, merits and problems pertaining to six general techniques it is felt are quite appropriate for use in a comprehensive facility adjustment program. However, this is not to say these are the only techniques that can be used.

I. Individual Counseling

Definition: A relationship between a person seeking help with a problem, and a person trained to provide that help.

(Patterson, 1966)

Objectives: "To help individuals toward overcoming obstacles to their personal growth, wherever these may be encountered, and toward achieving optimum development of their personal resources." (Committee on Definition, Division of Counseling Psychology of the American Psychological Association).

Assumptions:

1. The client can work through behavioral problems by discussing them and that this counseling experience will help him change his behavior.
2. The client can develop insight into his behavior and thus be able to change his behavior.

3. The client can generalize new feelings, attitudes, values, information, etc., acquired in the counseling relationship to situations he will face outside the counseling office.

Advantages:

1. More effective with the more inhibited and socially withdrawn client.
2. An efficient way of identifying and classifying the problem areas of clients.
3. May be the most effective way of dealing with very personal client problems.
4. An effective setting for presentation and/or interpretation of information; i.e., test results, and specific vocational information.
5. An effective method for identifying and dealing initially with family conflicts affecting a client's rehabilitation progress.

Limitations and Disadvantages:

1. Many clients found in workshops are non-verbal and find the pressure to communicate in a one-to-one relationship extremely uncomfortable.
2. Many clients have difficulty relating learning acquired in the counseling relationship to situations found in his living or working environment.
3. The counselors' own values, if different from the clients, can interfere with the effectiveness of the counseling relationship.

4. Individual counseling relationships can result in client dependency problems.
5. Individual counseling is sometimes used in place of providing the client with useful learning experiences in other areas of the facility program.
6. Individual counseling is inefficient as it takes a great deal of staff time to provide services to relatively few clients.

II. Group Counseling

Definition: " . . . a dynamic interpersonal process focusing on conscious thought and behavior and involving the therapy functions of permissiveness, orientation to reality, catharsis, and mutual trust, caring, understanding, acceptance and support. The therapy functions are created and nurtured in a small group through the sharing of personal concerns with ones peers and the counselor(s) . . . The group counselors may utilize the group interaction to increase understanding and acceptance of values and goals and to learn and/or unlearn certain attitudes and behaviors." (Gazda, Duncan, and Meadows, 1967)

Objectives: Although there are no group objectives as such, each member of the group has an individual goal of improving his adjustment, increasing self-awareness, learning more productive methods of problem solving or decision making and, in general, making better use of his or her life.

Assumptions

1. That a client can work out behavioral problems through discussion and participation in a group setting, and that by learning more about himself, he can change his behavior.
2. That belonging to a group of his peers, will facilitate the clients ability to learn whatever is necessary to bring about the desired change in behavior.
3. That the client will be able to transfer learning that occurs in the group to situations outside the group setting.

Advantages:

1. A group of the client's peers presents more of a "real life" setting in which the client can test his behavior and feelings in an atmosphere that is relatively safe. (Cohen, et. al, 1963)
2. It provides for a more economical use of the counselors' time.
3. Peer pressure can be used to provide a system of reward and acceptance of client behavior. (Ohlsen, 1964)
4. The client finds that others have problems similar to his and he has the opportunity to learn through observation how others attack and solve problems (Gawrys & Brown, 1965)
5. Specific concepts of behavior as well as specific relevant information can be effectively and efficiently taught in a group setting.

Disadvantages:

1. Many clients in rehabilitation facilities have poor communication skills and group counseling is not particularly effective with non-verbal clients. (Beck, 1958)

2. Some clients may use the group to escape or as a refuge from active participation in his treatment program.

(Goldman, 1955)

3. Very refussive, shy or dependent clients may view the group as threatening, and feel ostracized by group members.

(Beck, 1958)

4. Group counseling is more difficult from a counseling point of view for one must be "tuned in" to the needs and feelings of many rather than one client. (Gazda, 1968)

5. Group processes are more unpredictable and thus more capable of harming a client than an individual counseling setting.

(Gazda, 1968)

III. Work Experience Setting

Definition: A work setting that resembles as closely as possible work found in the community outside the rehabilitation facility, with a primary emphasis on productivity, and which included payment for work in direct relations to the production of the worker. This productivity must also be accomplished without interference with the work of others or the general work flow of the shop.

Objectives: To teach work behaviors that are necessary for a client to become a productive, well adapted worker and to give the client the opportunity to learn the kinds of work he can or cannot do; to learn the requirements of work; and to learn what kind of work he would like to do.

Assumptions:

1. That placing a client in a real work setting will give him the opportunity to learn acceptable work behavior.

2. That "real" work will help the client see himself as a useful person, and this will increase his self concept, motivation, etc.
3. That in a sheltered work experience setting, the client will have the opportunity to correct his behavioral problems with greatly reduced threat of being fired or punished.

Advantages:

1. The work experience setting allows the client to actually experience the conditions of a given job.
2. Allows the client to compare his work ability against real standards of quality, quantity, and thus provides him with meaningful and immediate feedback as to his readiness to work.
3. Provides the staff with a realistic environment through which they can observe how a client reacts to stress, work pressures, supervision, criticism, co-workers, physical tolerance for work, and other aspects of work behavior.
4. Provides a work environment that can be manipulated to bring about and reinforce desired client work behaviors.

Disadvantages:

1. Many workshops and facilities do not offer real work settings in terms of demands on clients, job environment, and pay, and thus there is limited transference of learning from the work experience to the real work environment found in the community.

2. Many workshops can offer only a very limited number of work settings to the client regardless of his needs or interests. Further, the actual client work experience is often determined by the current production needs of the shop rather than the current needs of the client.
3. The sheltered work experience found in the workshop (if not realistic) can oftentimes promote dependency on the part of the client.

IV. Behavior Modification

Definition: A program where the environmental conditions that maintain various behavior disorders are behaviorally analyzed, and where specific undersirable response patterns are eliminated and desirable response patterns strengthened by the systematic application of reinforcement. (Bandura, 1969)

Objectives: The specific objectives of a behavior modification program are necessarily different for any given client. In general, however, the objectives are to extinguish undesirable behavior patterns and/or strengthen desirable behaviors and to teach clients more effective ways of responding to the pressures of their environment.

Assumptions:

1. Almost all client behavior is learned (a small percentage may be caused by physiological changes).
2. All behavior is purposeful.
3. Behavior can be changed or modified by providing various learning experiences for the client and systematically reinforcing certain response patterns.

4. All persons are motivated, the basic problem being to direct this motivation (through behavior modification techniques) toward achievement of specific behavioral goals.

Advantages:

1. Programs are specifically planned to modify identified problem behaviors in situations where they occur.
2. The goals and results of the modification system are described in objective terms and on the basis of frequency of occurrence.
3. The criteria for change is specific and individually tailored to the behavioral objectives of the client.
4. A good deal of research indicates that positive changes of behavior, occurring as a consequence of behavior modification, occur much more quickly than with counseling, psychotherapy, etc. Thus it seems to be more efficient than other systems. (Bandura, 1969)
5. The client is provided with immediate feedback regarding his behavior and thus he realizes immediate benefits as the result of positive behavioral changes.
6. Behavior modification programs can be used quite effectively with non-verbal, and emotionally disturbed clients.

Disadvantages:

1. It takes a good deal of time, observation, and trial and error to discover what reinforcers work with the variety of clients found in rehabilitation centers.

2. It is often difficult to maintain the constant reinforcement of specific client behaviors that is necessary to assure changes in behavior.
3. Many facilities and workshops lack the flexibility of program and the staff time to promote effective contingency management.

V. Attitude Therapy

Definition: A behavioral therapy approach to client treatment that places emphasis on the current behavior of the client in interaction with his environment, and is based upon the consistent and systematic application of specific attitude treatment plans (by the entire facility staff) to deal with various kinds of client behavior.

Objectives: Attitude therapy is primarily directed toward treating or changing specific, identifiable, maladaptive client behaviors. (Whitener, 1967)

Assumptions:

1. That certain client behaviors can be changed by the systematic application of basic prescribed attitudes, as, for example, active friendliness, passive friendliness, matter of factness, kind firmness, and no attitude.
2. That behavioral change can be effectively promoted by placing emphasis on the current behavior of the client in interaction with his environment, and by systematically reinforcing certain response patterns.
3. That the manner in which things are said and the atmosphere created by peoples' attitudes is as important, if more important, than what is actually said or done, and therefore,

the attitude assumed toward a client is probably as important as any program activity in which the client is engaged.

Advantages:

1. It is a technique that is rather easily understood by all levels of facility staff.
2. The technique involves all staff persons that come into contact with clients and therefore helps all staff members have a part in the rehabilitation process.
3. The method impresses upon staff members the importance of their attitude toward clients as it effects client behavior.
4. The method is directed toward helping the client understand, take responsibility for, and change maladaptive behavioral response patterns.
5. The technique is easily integrated with other center programs as it does not involve special time, equipment, or space, and can be used with all clients regardless of disability.

Disadvantages:

1. The key concept on which the whole success of attitude therapy tests is the consistency of attitude presented by everyone having contact with a patient. It is difficult to assure this consistency, particularly when dealing with a large staff and client case load.
2. As the entire facility staff must be involved, a good deal of time must be spent to teach the "whys" and "hows" of applying such a method.

VI. Individual and Classroom Instruction

Definition: An instructional method emphasizing individual learning experiences and utilizing resource materials with assistance in planning and learning being provided by a competent instructor.

Objectives: To introduce clients to information and concepts that are designed to help reach specific learning goals determined necessary for achievement of acceptable vocational behavior.

Assumptions:

1. That knowledge of specific information can help clients learn new behavior and/or change certain kinds of unacceptable behavior.
2. That well organized instructional programs can teach the client the kinds of skills needed to function more adequately.

Advantages:

1. Clients functioning at different levels can use the services of the instructor during the same learning period.
2. Teaching aids such as audio-visual materials, vocational information publications, and programmed instruction may be effectively used in this setting.
3. Remedial and developmental work can be provided to assist in further client advancement.
4. Small groups of clients can have learning experiences that are tailored to meet their personal goals and expectations.
5. Clients can receive immediate, individual assistance with learning difficulties as the difficulties arise.

6. It provides the learner the opportunity to explore avenues of special interests and then proceed at his own level.

Disadvantages:

1. Adequate classroom facilities and instructional equipment are many times difficult to provide without facility expansion and increased equipment budgets.
2. Some facility clients (particularly the disadvantaged) have difficulty relating to a classroom approach to learning.
3. Qualified instructors, trained in teaching methodology are hard to come by and preparation of material for classroom use takes time from already busy staff.

No attempt will be made to cover these six techniques in any greater detail as those interested in using a specific technique or combination of techniques must go to the professional literature. One must have a sound understanding of human behavior and the principles of learning that relate to behavior. Further, the implementation of any technique and in particular, group and behavior modification procedures, should be closely supervised by professionals with training and experience in these areas. The absence of such supervision raises serious ethical questions as well as questioning the probability of clients reaching their rehabilitation objectives.

Continuing efforts must be made, however, to familiarize rehabilitation facility personnel with various techniques that are effective in promoting behavioral change, rather than trust that behavioral change will occur if clients are kept in programs "long enough."

Adjustment problems must be defined in behavioral terms before they can be effectively dealt with and rehabilitation facility staff must be prepared to apply a combination of techniques to these problems if they are to offer the kind of comprehensive adjustment programs so badly needed in rehabilitation facilities today.

LEARNING AND MOTIVATION

The process of adjustment training is wholly predicated on the assumption that it is a learning process designed to teach clients the acquisition of specific behaviors. Therefore, before one can begin to structure a specific adjustment program he must be familiar with some basic concepts of learning as they apply to all human beings.

Another major consideration related to learning is the problem of motivation. One of the major problems in rehabilitation today is the "unmotivated client." This client's behavior many times seems to be directed toward actively or passively blocking all attempts by the rehabilitation counselor or facility to bring about his vocational adjustment. Unfortunately, this kind of client behavior often results in his termination from the rehabilitation program, the rationale being that he is unmotivated and therefore not feasible for further services.

The next two sections will discuss some concepts of learning and motivation as they generally apply to human beings and, specifically, how these concepts are important to the rehabilitation process.

Principles of Learning

Learning has been defined in many ways, and more recent definitions define learning in terms of observable evidence of behavioral changes. The basic condition of learning can be described by

Stimuli —→ Learners —→ Response —→ Reinforcement

The stimuli are any conditions that interact with the learner causing the learner to behave, and the response is any behavior of the learner committed in response to the stimuli. The term reinforcement is defined as the consequence of the learner's response to a stimulus, and this consequence can be rewarding, punishing, or have neutral value. Another concept that is extremely important in learning is that of contiguity. Contiguity is defined as the nearness in time or sequence of the occurrence of a stimulus and a response or a response and a reinforcement. Thus, the closer in time a specific stimulus and response occur, the more likely future occurrences of the same stimulus will cause the same or similar response. By the same token, the shorter the time interval between a response and a reinforcement of that response, the more effect the reinforcement will have on the strength, occurrence or shape of that response. Therefore, if one wants a client to continue a specific behavior, the reward for the behavior should be given as soon as possible after the behavior occurs.

This concept of contiguity is extremely important in all phases of adjustment training and particularly in the following kinds of learning situations.

1. Skill Learning--involves contiguity in the occurrence of various levels or steps in the skill process. The performance of any skill can be broken down into a number of steps that must occur in an orderly sequence with the number of steps in the process progressing with the difficulty of the skill.

2. Concept Learning--concepts are classes of stimuli which have common characteristics, and concept learning involves contiguity in the presentation of examples and non-examples, and proper reinforcement of correct responses. A great deal of the learning process in new situations depends on the individual's understanding of the concepts related to the learning situation. Examples of basic concepts are: good--bad, red--white, up--down, more than--less than, etc.
3. Principle Learning--a principle is the statement of the relationship between two or more concepts, and often takes the shape of rules or generalizations. Principle learning involves contiguity in the recall of the component concepts as, for example, the driving rule, stop at all red traffic lights. Each word in this statement represents a concept and the misunderstanding of any of them would hinder a person's ability to perform the required behavior.
4. Problem Solving--involves the correct manipulation of a number of principles and, therefore, the speed of problem solving involves contiguity in the recall of the component principles related to the particular problem. For example, to solve this simple problem, $72 \text{ minus } 53 \text{ equals } 19$, one must be able to recall the following principles:
 - a. numbers in right hand column represent units of 1 from 0 to 9.

- b. numbers in left hand column represent units of 10 from 10 to 90.
- c. subtract bottom numbers from top numbers.
- d. when bottom number is larger than top number, borrow one unit of 10 from the top number to the left.
- e. 3 from 2 ($2 + 10 = 12$) = 9 units of 1.
- f. 5 from 7 ($70 - 10 = 60$) = 1 unit of 10.
- g. answer = 19

In almost any client activity occurring within the rehabilitation process, one or more of these kinds of learning are involved. Vocational training involves skill learning at various levels, and social and work adjustment require a great deal of concept and principle learning. Problem solving occurs at all levels of program involvement. When clients do not perform well in a given situation it would be helpful to determine what kinds of learning are involved, and then by breaking the learning situation down into its component parts, one can determine where the client is having problems. Perhaps there are certain basic concepts the client does not understand and this is causing a breakdown in his learning process. Or perhaps he is unaware of some basic principle that relates to a problem solving situation, and the acquisition of certain information may be all that is needed.

Learning Accelerators

There are certain conditions that need to exist at the time learning is to occur, and the adjustment specialist must be aware

of these conditions if he is to help structure the adjustment environment to achieve maximal adjustment results. These conditions are:

- A. Motivation--(to be covered later in a separate section)
- B. Arousal--the general state of alertness of the individual.

Care should be taken to see that the client is as alert as possible in any learning situation. Common conditions that effect the general state of alertness are lack of adequate diet, drugs, lack of sleep, prolonged tension, etc. When these conditions exist, performance in learning situations may not be representative of the client's actual ability.

- C. Expectancy--the belief that a particular outcome will occur as the result of one's effort. The expectancies one has related to a given learning situation has a great deal of influence on the motivation, arousal and incentive one will display in the situation. There are three general levels of expectancy.

1. Immediate expectancies are those expectancies related to the completion of specific, short term activities, and clients with this level of expectancy usually expect immediate, tangible results for their efforts.
2. Intermediate expectancies are those expectancies related to sub-task goals represented by completion of groups of lessons, or activities carried on for a period of days, weeks, or months. Persons with inter-

mediate expectancies are able to delay gratification somewhat, and will work for longer periods of time without immediate tangible results for their efforts.

3. Remote expectancies are those expectancies related to long range plans and goals regarding family needs, career planning, etc. Persons with remote expectancies are capable of a great deal of delay of gratification for effort expended, and their reward is the anticipation of long range goal accomplishment.

It is extremely important to understand the kind of expectancies a client has regarding a specific learning situation or when discussing program goals. For example, clients operating within a set of immediate expectancies will probably not relate positively to programs promising results only after weeks or months of effort. These clients will have to have a number of short term goals; the accomplishment of which will bring about immediate, personally meaningful results.

Another aspect of expectancy is related to the success of failure of one's efforts. Actual past experiences of success and/or failure are the primary basis for one's prediction of the success and failure of future efforts. Success usually develops a more positive self concept and often leads to more success and more task motivation. At the other end of the continuum, failure results in despair, resignation and reduced task motivation. Expectancies can be modified somewhat by telling a person what his likelihood of success or failure will

be in a new program structure or providing the person with new, successful experiences that can be related to future program involvement. It is felt that the latter method is by far the most effective way to change the rehabilitation client's expectancies of success or failure. The expectancies of the facility staff with regard to client performance is also extremely important. If the staff expects a client to fail, the probability of his failing is greatly increased and the opposite, within reason, is also true. If the staff treats the client as if he will succeed, the probability of success is greatly enhanced.

D. Incentives--are expected rewards which become associated with certain stimuli and responses, and have the effect of motivating an individual to act in a specified manner. Some common incentives are money, promotion, time off, individual recognition, love, desire to please others, etc. It should be remembered, however, that incentives that work with some individuals do not work with others. Incentives offered in return for specific client behaviors should be determined on an individual basis, or in terms of what will work for a particular client. For example, where one person will modify his behavior for money, another may respond more favorably to recognition, time off, or some other special consideration.

If the above mentioned conditions do not exist in relation to a learning situation, then we should not expect desired learning to occur very effectively if at all.

Motivation and Task Performance

In theory, the rehabilitation process provides a new, positive experience for the client that is designed to help him learn more effective personal, social and vocational behaviors. It should follow that the client who does not learn more effective behavior either has not attended to the new learning opportunity, or the new learning opportunity has not been appropriately structured to allow him to learn the desired behavior. Unfortunately, when a client does not learn what is expected of him, the tendency exists to blame it on his lack of cooperation or motivation rather than on inadequacies that exist with the facilities training program. Motivation implies a condition of increased vigor of performance or behavior on the part of an individual but it does not imply that that increased vigor must be directed toward acceptable (to facility staff) goals. For example, it is quite evident that rehabilitation programs sometimes teach clients undesirable behavior as, for example, dependency. However, the fact that the clients do learn something (good or bad) during their rehabilitation program, indicates that they are "motivated" at least to some degree, although perhaps not always in the direction approved by the rehabilitation staff.

Motivation for learning a task or involving one's self in a particular program can be conceived of as the function of the cost (time, money, effort, pain, etc.), the probability of success (as determined by past experience), and utility (value placed on probable outcome) the task or program has for an individual. The rehabilitation client has to make these judgments before he decides

how much effort he will make to reach the goals set forth in his rehabilitation plan, and a great deal of stress develops if the client is unable or anticipates being unable to achieve what he is trying to achieve. As the client becomes more confident and begins to anticipate being able to achieve his goal, then stress decreases and both motivation and functional capacity increase. For this reason it is extremely important that initial learning tasks be structured so clients can achieve some measure of success. Failure has a detrimental effect on performance in most cases and these effects generally are:

1. general dissatisfaction with the situation and eventual withdrawal.
2. the clients lowered estimate of his own ability and the feeling he cannot do the task.
3. some clients discredit or distrust the evidence of failure, blaming results on the task, and/or the facility.
4. past failure over long periods of time conditions individuals to lower their expectancies of personal performance, almost as if to guard themselves against failure by never expecting success.
5. the client decides he has little control over the situation rather than his behavior responsible for his failure.

Past history of success, on the other hand, conditions people to make realistic increases in their expectancies.

Other conditions which effect task performance beside success or failure are:

1. duration of the task--the longer the task the more fatigue distraction, poor concentration span, etc., are likely to have a negative effect on performance.
2. increasing nearness of a goal or end of task--as an individual approves the goal or end of a task, his motivation to complete the task is increased and in many situations, speed of performance also increases.
3. difficulty of the task--effects performance in relation to the ability of the person performing the task. Tasks that are too difficult or too easy can have a detrimental effect on learning and performance.
4. distracting stimuli--effect task performance in direct relationship to the concentration and attention span of task performer. When it is known that a client has difficulty in these areas, the initial learning situation should be as free from distractions as possible. Then as the client becomes more familiar with the task, additional distractions can be tolerated without having a detrimental effect on performance.
5. value of incentive offered--the nature of incentive has already been touched upon, and it should suffice to re-emphasize the necessity to offer incentives based on examination of individual client needs, expectations and values. Appropriate incentives programs should result in increased client motivation and performance.

6. intellectual ability of the client--task difficulty should be structured so that the client is challenged but not overwhelmed by task requirements. Many difficult learning situations can be broken into steps of increasing difficulty thus allowing the client to proceed at his own rate until he reaches tasks too difficult for him to do. This method assures the client a number of success experiences before he experiences failure.

It is realized that most of the learning situations available in rehabilitation facilities programs cannot be completely controlled for many of the before mentioned conditions effect performance. There are, however, some basic techniques that can be used in almost all learning situations to encourage incentive, motivation, arousal, etc., and to increase task performance.

The basis of these techniques is the employment of feedback to inform the client of the results of his efforts. This technique serves to strengthen correct behavior as well as to help the client develop an ability to self-evaluate his performance. In addition, when successful performance becomes a source of personal satisfaction, maintenance of adequate client behavior is less dependent upon externally provided social or material incentives. Praise and material reward, two methods of providing feedback, serve to sustain desired client performance. Punishment, also a form of feedback, serve to sustain desired client performance. Punishment, also a form of feedback, helps eliminate or repress previously established behavior, but should be used discretely, as its overall

effect on changing behavior is not nearly as effective as praising or rewarding correct behavior and simply not rewarding incorrect behavior. It is unfortunate that punishment is the most frequent kind of feedback given clients in many rehabilitation facility programs, with clients behaving acceptably being ignored unless their behavior becomes unacceptable.

Structuring the Learning Situation

Examination of the various concepts of learning and motivation suggest that certain steps can be established for structuring a meaningful, productive learning situation. It also follows, that as all adjustment programs should consist of activities designed to teach a specific behavior or combination of behaviors, each program should be thought out in terms of the following basic steps:

Step I. The first step in planning a learning situation is to assess the nature of the learning problem. Is the problem one of learning specific information, learning a particular vocational skill, or is it a problem of learning more acceptable personal social, or work behavior? In many cases, it may be a combination of the above. In all cases the specific problem must be assessed and described in behavioral terms. For example, problems should be expressed as "He smells bad and his cloths are dirty," rather than "He has a personal hygiene problem." The emphasis should be placed on describing behavior not on diagnosis or interpretation.

Step II. The second step is to set behavioral goals or outcomes with the client that are to be achieved as the result of

the adjustment experience. These goals or outcomes should be desired by the client, and the adjustment staff should be willing and capable of helping the client achieve those goals or outcomes. Another rule of thumb is that it must be possible to assess the extent to which the client achieves the desired goals or outcomes.

Step III. The third step in promoting effective learning is contingency analysis, or determining what conditions serve to reinforce desired behaviors. These reinforcers can many times be determined by observing the consequences of the client's existing behavior, in the present rehabilitation facility environment. As one determines the conditions that are maintaining these behaviors, it is possible that these same conditions can be used to encourage and maintain other desirable behaviors that are not occurring with as much frequency. For example, if a client will work harder for peer praise, perhaps peer praise can also be used to promote more acceptable personal grooming behaviors.

Step IV. The fourth step is the implementation of the actual training program based upon the data gathered during the first three steps. In this step the learning problem is broken down into attainable and compatible short term goals which lead in sequence to the more distant prescribed goal. This method also allows for each step in the adjustment or learning program to be evaluated. If the client has too much difficulty moving from one step to the next, then the sequential process should be re-evaluated and changed.

Step V. The fifth step involves the consistent use of feedback, or letting the client know the results of his efforts. One

kind of feedback is the employment of the positive reinforcers determined during the contingency analysis. This may take the form of money, tokens, praise, recognition, etc. Another form of feedback is criticism or punishment. This kind of feedback should be used discretely and only to help correct mistakes or to help repress previously learned behavior until a more desirable behavior can take its place.

An adjustment program based upon these five steps may appear at first to be somewhat disorganized, as many techniques may be tried, evaluated and discarded. As the program progresses, however, each attempt will help determine what works with a particular client and/or problem, and a more efficient and effective program will develop in the long run.

Any and all adjustment activities or programs should be planned with these five steps in mind, whether it be work adjustment, social adjustment, personal adjustment, or vocational training. Although the vocational training programs discussed later on in this guide stress general content, inclusion of specific clients should be considered on the basis of individual problems, goals, contingencies, sub goals and effective use of feedback. It is only in this way that adjustment programs can truly be developed to meet the individual needs of clients in this important phase of rehabilitation.

II

INDIVIDUALIZING THE ADJUSTMENT PROGRAM
BEHAVIORAL ANALYSIS AND IMPLEMENTATION

TERMS AND PROCEDURES THE ADJUSTMENT SPECIALIST MUST UNDERSTAND

This section explains many of the terms and procedures an adjustment specialist must be familiar with in order to establish an individualized behavioral adjustment program.

Procedures in Behavioral Analysis

A. Principles

1. The first principle of developing an individualized adjustment program is to think in terms of units of observable behavior; i.e., what specific actions or performances are you and the client interested in developing. Units of behavior can relate to skill behavior such as ability to read at a certain level or perform certain mathematical functions, or to more personal, social, or vocational behavior such as appearance, ability to interact with peers, ability to carry out an employment interview, etc.

Identifying Behavior

2. The second principle related to behavior analysis is to think in terms of rate of behavior. Rate of behavior can be thought of in terms of work units done during a standard period of time, the number of occurrences of a given behavior during a specific period of time, or the percentage of

Rate of Behavior

acceptable behavioral responses given for specific settings or conditions calling for certain classes or responses.

B. Changing Behaviors

1. The rate of occurrence of a specific behavior can be increased by following it with a reinforcer; i.e., a positive consequence. A good example of this technique is the piece rate system used by industry. Here a worker is reinforced (rewarded) for each unit he produces, or for each unit produced over and above a base standard.

Reinforcement

2. One can decrease the rate of some behavior by withdrawing reinforcement, i.e., by letting it be followed by a neutral consequence (absence of reward or reinforcement), or by positively reinforcing a behavior incompatible with the behavior you wish to decrease. For example if you wanted to stop a client from hitting other clients, you might first be sure the hitting client does not get any special attention for hitting other clients and then reinforce or reward him for doing work that will keep his hands busy.

Extinction

3. Shaping is the process of starting a previously, never before performed behavior by reinforcing successive approximations to it. Here you must break the desired behavior down into the various behavioral steps that make up the behavior, and

Shaping

"teach the client to perform each step one at a time."

4. Facilities should be careful to observe the specific conditions existing when various client behaviors are occurring. When a behavior is reinforced only in the presence of specific environmental conditions (cues) behaviors become related or dependent on those cues and are likely to occur only in the presence of those cues.

C. Reinforcers

1. Most reinforcers that effect behavior are learned, and they depend on the particular experiences of the individual and so are not the same for everyone. You can be sure something is a reinforcer only if you try it out and find it does increase the behavior it follows or decreases the behavior from which you withdraw it as a consequence (reinforcement).

2. The easiest way to identify reinforcers is to watch what a person does. Through observation we can many times begin to understand what environmental conditions are not only cues for the behavior but, also, what conditions are occurring after the behaviors that are reinforcing the continuation of the behavior. We can also use the

Stimulus

Control

Reinforcers

Common

Reinforcers

the clients high frequency behaviors (things he likes to do or does often) as reinforcers to other behaviors you want to increase. Money, praise, attention and rest are only a few of the reinforcers which are commonly effective with most people, and which are ordinarily under the control of the adjustment staff in the rehabilitation facility setting.

D. Delivery of Reinforcers

1. The sooner after a behavior the reinforcer is delivered the more likely the reinforcer will strengthen or increase that behavior. Token systems or some other representative system often may be used as an interim substitute for the final reinforcer, when to do so permits more rapid reinforcement. For example, it may not be feasible to give money every time a client behaves in a specified way, but a token can be given and later traded for the agreed upon amount of money or some other reward.

Using Reinforcers

2. To start a behavior, reinforce all trials. This is called continuous reinforcement, and is the most effective way to assure the desired behavior will begin and continue. Once the desired behavior is well established, it can be best maintained by rewarding only occasionally on an in-

Reinforcement Schedules

frequent or intermittent schedule. It is also important to remember when using material objects, i.e., money for rewards, to give a social reward with the administering of the material reward. For example, when given the token, money, M&M's, etc. say "Good job, or "That is fine," etc. Later when it is no longer feasible to continue the material reward, the social reward will have become an effective reinforcer.

A PROCEDURAL OUTLINE FOR IMPLEMENTING AN INDIVIDUALIZED ADJUSTMENT PROGRAM

The procedures for implementing an individualized behavioral adjustment program are based upon the principles of learning, motivation, and behavioral analysis previously discussed. References to this kind of adjustment process are also found in the adjustment training sections as it should be remembered that even in a group setting, adjustment occurs on an individual basis. The following outline will provide the adjustment specialist with a step by step process by which he can plan and implement an individualized adjustment service program for clients in his facility.

Step
One Pinpoint the behavior you wish to increase or decrease. To do this one must observe the client's behavior and identify the specific behavior to be changed in the context of the environment in which it occurs. The statement "Johnny hits people" is incomplete. One must also identify whom Johnny hits and under what conditions he hit them. The statement "Johnny hits young female clients during break and lunch time" is a more complete pinpointing of Johnny's hitting behavior.

Step
Two Record the rate at which the pinpointed behavior is occurring. This is called establishing a baseline, and must be done if we are to eventually know the effectiveness of the adjustment program. The question now becomes "How many times does Johnny hit young female clients during break, and during lunch?" For an academic behavior

problem the question might be "At what level does Mary read," or "How well does she comprehend?"

Consequence--try something by observing the client currently (and retrospectively via detailed past history).

Make initial estimates as to what reinforcers are likely to be effective and under your control. In order for a reinforcer to do its job for you, it is important that it be contingent upon the behavior you want to increase and never occur as a consequence to undesired behavior which is to be decreased via extinction. In Johnny's case, the behavior you want to increase is "not hitting young female clients during breaks and lunchtime." One plan might be to give Johnny a token (to be cashed in later for a previously established reward) for every two minutes he could keep from hitting the girls and removing him from the break or lunch area for a few minutes each time he hits them. As soon as the non-hitting behavior is established (through continuous reinforcement) we would gradually increase the amount of non-hitting behavior time before Johnny would get his reward. We should also socially reward Johnny each time he got a token until eventually the praise (social reward) would maintain the desired behavior. It would also be good to involve Johnny in activities during break and lunch that would keep his hands busy doing something more acceptable than hitting female clients.

Step

Three

Determine the schedule of reinforcement you should use: How much of what must be done for how much of what reinforcer. In Johnny's case we planned to make him not hit girls for two minutes before he would get a token, and we had to determine what he could get for so many tokens.

Step Apply the program. We now apply the plan described
Five in step three.

Observe the results by recording performance. When the baseline was established, we found out how many times Johnny hit the female clients during breaks and lunch.

Step Now we recorded the incidents of "hitting" behavior dur-
Six ing the same time with the program in operation. The ef-
fectiveness of the plan will be determined by the increase or decrease in hitting "incidences" during the times specified.

Change reinforcer, or their schedule, as performance indicates. If after our plan with Johnny has been in operation for a week or so and the incidences of his "hitting" behavior has not changed or has increased from the base rate, then obviously the plan is not working, and another plan must be developed. If on the other hand there is a marked decrease in this behavior, then by definition, the plan is effective. There is also another important consideration, and that is, what happens after we stop paying Johnny for not hitting the girls. Ideally

if we have properly praised Johnny each time we gave him a token, eventually praise alone should help maintain the acceptable behavior. If, however, the hitting behavior starts again with the termination of the tokens, then we must re-evaluate the plan and look for a more effective way to eliminate this behavior.

One might ask how such a technique could be feasible in light of many unacceptable behaviors that might be identified for one client. The answer here is that priorities must be set as to which behaviors need to be modified first. Many behaviors, while not completely acceptable or desirable, will be tolerated by the general public if other more objectionable behaviors are absent. Therefore, behaviors to be modified first should be those that would prove most detrimental to the clients achieving his rehabilitation objectives.

III

STRUCTURING A COMPREHENSIVE ADJUSTMENT SERVICES PROGRAM

COORDINATING VOCATIONAL EVALUATION AND ADJUSTMENT SERVICES

The vocational evaluation process plays an important role in structuring a comprehensive adjustment program for a client. During this process, an assessment can be made of the client's behavioral pattern in order to identify assets and liabilities. Recommendations from the vocational evaluator establish the foundation for the client's adjustment program.

For a discussion of evaluation's role to adjustment services, permission has been obtained to reprint an article written by Julian M. Nadolsky, Ed.D. The title of this article is "Evaluation's Relation to Adjustment" in the Vocational Evaluation and Work Adjustment Bulletin (Vol. III, No. 2, pp. 2-6).

EVALUATION'S RELATION TO ADJUSTMENT

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Introduction

Vocational Evaluation and Adjustment Services are both rehabilitation-oriented programs. They have each developed and evolved within a rehabilitation context in an attempt to fulfill an immediate need for accurate assessment and effective treatment of the handicapped. In his recent book, Neff (1968) indicates that vocational evaluation services are an extension of the mental testing approach, designed particularly for a handicapped population--a population that cannot be adequately and appropriately assessed by traditional procedures. Likewise, adjustment services are an outgrowth of traditional educational-psychosocial concepts, and they are designed to improve an individual's level of functioning through the application of learning principles. Both vocational evaluation and adjustment services are usually offered on an individual basis since the typical clients who receive these services have achieved minimal benefit from the group-orientation of traditional education programs or from the normative application of conventional assessment procedures.

Although vocational evaluation and adjustment services are well known and widely used among rehabilitation practitioners, they have received limited attention outside the field of rehabilitation. Consequently, programs of vocational evaluation and adjustment training are usually confined to rehabilitation facilities, and the specific nature of such programs is highly dependent upon the orientation of a particular rehabilitation facility.

Unlike other professions (such as physicians and psychologists) whose duties are regulated by a professional code, the duties of vocational evaluators and adjustment trainers are governed by the demands of the parent facility. Therefore, the fields of vocational evaluation and adjustment training owe their existence to the rehabilitation movement, and most vocational evaluators and adjustment trainers currently function in accordance with rehabilitation standards rather than being regulated by a unified professional code. Consequently, there is little agreement among rehabilitation workers regarding the exact nature of vocational evaluation or adjustment services. The elusive nature of these services can be attributed to a failure, on the part of vocational evaluators and adjustment trainers, to "cut the rehabilitation cord" and operate in accordance with independently specified governing codes.

Basic Differences Between Vocational Evaluation and Adjustment Services

Although considerable confusion exists among rehabilitation workers with respect to the practice of vocational evaluation and adjustment training, the basic objectives or goals of these two rehabilitation-oriented services are vastly different. Vocational evaluation programs maintain a diagnostic objective while the goal of adjustment services is therapeutic. Vocational evaluation is concerned with assessment and prediction while adjustment services are designed to improve an individual's vocational potential through treatment or training.

Furthermore, the need for a specific type of adjustment service cannot usually be determined in the absence of an accurate assessment of one's abilities and limitations as they relate to the world of work. This does not mean that, in most cases, a counselor will be unable to determine that his client is in need of adjustment services in order to become employable. But it does mean that, in most cases, a counselor will be unable to determine the specific type of adjustment services that should be provided if he does not first acquire a thorough understanding of his client as an individual. In order to provide appropriate and effective adjustment services, the counselor must first gain an understanding of the work-related skills, abilities, and limitation of his clients and then use this understanding to outline treatment or training programs which are based upon the logical relationship between client assets and occupational requirements.

Thus, it appears that adjustment services should logically follow vocational evaluation services, and that a direct statement of the specific type of adjustment service should be included in the vocational evaluation report. The evaluator should not only specify the need for adjustment services, but his report should demonstrate, in functional or behavioral terms, the reasons a specific type of adjustment service is needed and how it can be most effectively accomplished. Needless to say, such reasons should be supported by the evidence uncovered during the vocational evaluation process.

Relationship of Vocational Evaluation to Adjustment Services

In order to place the vocational evaluation process in its proper perspective, it should be pointed out that not all clients who

complete a vocational evaluation program are in need of, or can benefit from, adjustment services. Rather, there are usually five different broad vocational recommendations that follow as a result of vocational evaluation. These five broad areas of recommendation include: (1) Direct Placement; (2) Vocational Training; (3) Permanent Sheltered Employment; (4) Adjustment Services; and (5) Not Feasible for Vocational Rehabilitation Services. When any of these recommendations are made, the reasons for that recommendation should be clearly specified so that the counselor can gain an understanding of, and an appreciation for, the logic behind the evaluator's recommendation. Such an understanding enables the counselor to either accept or reject the evaluator's recommendation. This "freedom through understanding" is especially cogent when the "not feasible" recommendation is made.

Within each of the first four broad areas of vocational recommendation a variety of specific possibilities exist for any given client. These possibilities are usually dependent upon and limited by the evaluator's understanding of the client and his knowledge of the services available within the client's geographical region. Thus, the rendering of specific recommendations within each of the first four broad areas is limited by the evaluator's knowledge of (1) the number and types of different jobs in the regional economy; (2) the types of vocational training areas available to the client; (3) the types of sheltered workshops available and the nature of the work activities within each workshop; and (4) the types of adjustment services available.

Unfortunately, rehabilitation workers usually have little control over the types of jobs available, the existence of vocational training programs, or the nature of sheltered workshop activities within a particular geographical region. On the other hand, they do maintain some control over the types of adjustment services available since adjustment services are essentially rehabilitation-oriented and have been directly established to meet the specific unfulfilled needs of vocational rehabilitation clients.

There are at least six common types of adjustment services that have been established by rehabilitation programs in an attempt to meet the unfulfilled needs of their clientele. These adjustment service programs and their basic purposes are as follows:

1. Physical or Medical Adjustment Programs are designed to adjust an individual's body to an altered physical state (i.e., adjusting the amputee to living effectively with an artificial limb or adjusting the drug addict to coping with life in the absence of drugs).
2. Social Adjustment Programs are concerned with adjusting the individual and his family to a changed or changing social environment (i.e., adjusting the recently relocated rural dwellers to an urban life).
3. Psychological or Behavioral Adjustment Programs are designed to change an individual's present behavior to the point where it becomes acceptable and meaningful to himself and to society (i.e., changing hyperactive, ineffective behavior into acceptable and balanced modes of responding to specific situations).

4. Vocational or Work Adjustment Programs are designed to improve an individual's conception of actual work demands and employer expectations (i.e., instilling the concepts of punctuality, grooming habits, cooperation, work quality, work quantity, etc.).
5. Educational Adjustment Programs are concerned with improving an individual's ability to make effective use of his economic resources (i.e., includes the purchase and preparation of foods with minimum economic resources and for maximum dietary benefit, the mending of clothing, the basics of shelter repair, etc.).

Regardless of the specific type of adjustment service recommended, that recommendation should be based upon the information uncovered during the evaluation process and should be stated in behavioral terms. In other words, a recommendation for adjustment services should be stated in such a manner that the behavioral objectives to be achieved through such a program are clearly disclosed. Thus, a recommendation for adjustment training should clearly indicate not only what needs to be done, but also how it must be done for maximum benefit to occur, and why such a service is necessary.

On the other hand, a statement about where a particular adjustment service should be provided usually borders on the unethical, since vocational evaluators, through their recommendations, should not give the impression that they are soliciting business for a

since vocational evaluators, through their recommendations, should not give the impression that they are soliciting business for a particular agency. Furthermore, such a statement is often unnecessary since most rehabilitation counselors possess a working knowledge of the particular services available within their geographical region. Finally, a statement about when a particular adjustment service is to be provided is usually a redundant statement since it is assumed that recommended services should be provided in the order stated and that the provision of a second order service is contingent upon the successful completion of the first order service.

Summary and Conclusions

In summary, it appears that the major problem confronting the fields of vocational evaluation and adjustment services is the lack of a unified, agreed upon direction for either field. The current emphasis in either field is upon finding, developing, and using new techniques without an understanding of what the techniques can accomplish or of the criteria to which they relate (Nadolsky, 1966b).

Vocational evaluation is rapidly developing into a technology and is being performed by technicians. However, to be of utmost benefit to its clients, vocational evaluation must evolve into a unified profession and must be performed by professionals. It must be conducted by individuals who have the background not only to select appropriate techniques (based upon a consistent rationale) and to apply these techniques, but most important, to integrate the evaluative findings into a meaningful pattern so that the client can be understood as an individual and not as a collection of test scores

observations, and performance records which are largely unrelated to any criteria of vocational success. After all, the purpose of vocational evaluation is not to provide the evaluator with a wealth of information about the client, but rather to arrive at effective and workable solutions to the client's dilemma.

It must be remembered that the client comes to an evaluation program as a fellow human being--a human being who is often fragmented and incongruent (Nadolsky, 1966a) and who has, therefore, been unable to achieve vocational success. Most of the current vocational evaluation programs are designed to further fragment its clients so that test scores can be obtained, objective observations can be recorded, and performance records can be maintained. The client often becomes lost in the maze of unrelated, multi-directional techniques and his performance on these techniques lends support to the fact that he is an incongruent, fragmented individual who is in need of adjustment services. Thus, the recommendation for adjustment service is made, but the exact reasons for adjustment training are rarely disclosed. Consequently, adjustment training becomes a trial and error process since the specific behavioral objectives to be attained through such training remain unmentioned.

In conclusion, the effective vocational evaluator is not the technician, but the professional. He is that individual who can relate evaluative findings to ongoing vocational criteria. He is also capable of integrating evaluative information in such a manner that behavioral objectives can be clearly discerned by himself, by his client, and by the various professionals who maintain the

responsibility for treatment and training programs in rehabilitation.

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PLANNING THE OVERALL ADJUSTMENT PROGRAM

Prior to formulating the adjustment plan, all appropriate information concerning the client must be collected from various sources, including vocational evaluation. The role of vocational evaluation is to make a realistic assessment of where the client is functioning at the present time and to give some estimate of the client's projected level and direction of optimal functioning. This foundation of information enables the adjustment staff to formulate an adjustment plan.

This plan describes the program of learning experiences that will help the client move from his present level of functioning toward his necessary or optimal level of functioning; it also gives structure and direction to the adjustment services provided each client. At the same time, feedback from the client's performance in his adjustment training program can be evaluated against established behavioral objectives in the plan to determine extent of progress. This analysis of feedback should be used to determine appropriate changes in the client's adjustment plan; feedback validates to the adjustment staff the improvement or deterioration in behavioral patterns and adjustment skills. If the feedback from a client's adjustment training program is not congruent with expectations in the adjustment plan, the adjustment goals must be re-evaluated and the learning experiences readjusted within the client's program.

An adjustment plan written prior to services will offer the adjustment counselor a scientific approach to a more effective and efficient adjustment training program for the client. The client's

flow through his adjustment program can be easily followed by staff members working with the client. Subjective opinions becomes less important, while objective assessment becomes more important in measuring the client's progress or lack of progress in his adjustment training program.

Describing the Behavior

Before the process of describing behavior can be discussed, a definition of behavior must be established as a reference point. For the purposes of this curriculum, behavior is defined as verbal and nonverbal responses on the part of the client that can be observed and evaluated by the adjustment counselor or other staff member. In other words, the emphasis is on observable actions and responses by the client that will have a positive or negative effect in future vocational aspirations.

The process of describing behavior usually requires a reoriented method of thinking on the part of most individuals. When a client is described as having a "behavior problem," this description usually means that he has some maladaptive behavior that is undesirable. He is behaving, but in an unacceptable and negative manner. This description is vague and useless because it does not specify the behavior that is unacceptable. If the objective is to change a behavioral pattern or eliminate a "behavior problem," it is necessary to clearly describe the unacceptable behavior, as well as the acceptable behavior to replace it.

The description of a client's behavior must give a clear picture of the nature and frequency of his responses and actions that

make up the undesirable behavior. The following is a typical example: "client has poor work habits and he cannot work with others." This description is vague and raises many questions. What kind of work habits are unacceptable? This could cover a wide range of behavior including punctuality, quality or quantity of work, work tolerance, initiative, etc. The term "poor" is also not descriptive of the client's behavior unless it is placed on some meaningful scale. The above description indicates that a client "cannot work with others." Does he argue with other workers? If so, how often? Is he abusive in his language? Does he annoy other workers in some way? There may be some questions that need to be asked to determine observable responses related to the client's inability to work with others. The following may be another way of describing the client's behavior: "Client is late for work almost every day; he abuses his break period by not reporting back to work on time at least once a day. While working alone, he demonstrates above average work production. When working in a group, he distracts others by talking and using abusive language. The work potential of the group deteriorates and client consistently starts a fight with other workers in the group who try to out-produce him."

Descriptions of behavior do not have to be long to be useful and meaningful. The following are some examples: "Client wastes time on the job by frequently talking to others." "During his break period, client often isolates himself from co-workers." "Almost everyday, client wears dirty and wrinkled clothes to work." "Client does not work and has a blank expression on his face."

If the objective is to help the client demonstrate more acceptable behavior, the initial goal is to describe exactly the undesirable behavior and then determine the desirable behavior that is expected to take its place. Both descriptions must be based on observable responses which can be described concretely.

Analysis of Attitudes

The client's established set of attitudes that affect his overall adjustment should be analyzed and understood. These attitudes, in part, may determine the type of learning experiences that will be planned for the client. The client may have an inadequate self-concept as a productive worker; this may have developed through a modeling process in which the client has identified with a parent, relative, or friend who is non-productive. Similarly, the client may have learned attitudes about work from his home or neighborhood environment that gives him a negative perception of work. Through work experiences or other learning experiences, the client could also have developed negative attitudes toward employers or other authority figures in the work environment.

The understanding of these attitudes will assist the adjustment counselor to build into the learning experiences, opportunities for the client to develop more positive attitudes.

Pattern of Work Habits

The pattern of the client's work habits has already been discussed as being part of the client's observable behaviors.

unacceptable work habits must be unlearned and replaced by more desirable behavior if the client is to maintain future employment. The client's pattern of work habits, liabilities and assets, should be outlined in behavioral terms in order to get a clear picture of him as a worker. Many areas of work behavior should be considered: punctuality, attendance, work tolerance, interpersonal relationships with co-workers and supervisors, work quality and quantity, following instructions, initiative, etc.

After the client's pattern of work behavior has been evaluated, the adjustment plan should outline the work settings and other learning experiences designed to change undesirable behavior and strengthen existing acceptable behavior.

Assessment of Adjustment Skills

The adjustment plan should outline behavioral objectives for the client relative to his limitations in personal, social, vocational, and life adjustment skills. These skills can be acquired by the client in individual or group training experiences. The client may need to learn how to maintain better body hygiene or respond in a job interview. Some clients need to learn to use city transportation, buy groceries, and manage a budget. Clients may be limited in their social skills such as making friends or relating with authority figures. These are some examples of limitations in adjustment skills that need to be described in behavioral terms and included in the adjustment plan; the plan would outline how these limitations would be decreased or eliminated.

JUSTIFYING THE CLIENT'S ADJUSTMENT PROGRAM

It is not the intent of this curriculum to produce an adjustment program outline for clients to be followed by facility personnel. The variety of adjustment services offered in different settings and the varying emphasis of programs make this an impossible task. If the client is in vocational evaluation, the evaluator should outline a recommended program of adjustment services with specific recommendations for behavioral objectives and learning experiences. These recommendations would result in an adjustment program for the client that is flexible in order to allow for continual changes. The adjustment counselor would adapt this recommended client program to fit his particular adjustment service program; he may also rewrite the client's program of services if this would result in a clearer picture of the client for the staff working with him. The composition of the client's program, as stated previously, can have many variations depending on what is most meaningful and workable for the staff. It should be as brief and compact as possible, the emphasis being on presenting a realistic picture of the client through behavioral terminology and translating this information into behavioral objectives.

Differentiation should be made between the personal adjustment phase and the adjustment training phase in the client's program. Briefly, the personal adjustment phase deals with changing behavior on an individual basis with a learning experience specifically designed for that purpose. These are inappropriate actions and responses on the part of the client that can not or were not

changed in a group training situation. The adjustment training phase provides information and opportunities for teaching adjustment skills to the client on a group basis. These two phases are not considered as being separated in the client's adjustment training program; the two phases merge and complement each other in forming the total adjustment training program for the client.

An example might clarify the difference between personal adjustment and adjustment training in the client's program of adjustment services. John is a client who is very easily distracted by activity and people around him in a work situation. He has a great deal of difficulty sticking with an assigned job task. John has always been very dependent on his family to meet his daily living needs. Also, personal appearance and grooming need much improvement. An adjustment program has been designed for this client. An individual behavior change program has been initiated in an effort to shape his behavior toward longer periods of sustained work activity; reinforcement in the form of social contact with preferred staff and other clients are contingent upon gradually longer periods of work activity. Initially, this learning experience constitutes the adjustment training phase of the client's program. Both phases are interrelated as the client is involved with his work activity part of the day and he is in a training activity the rest of the day. It should be emphasized that the client's program is flexible in the sense that changes can be made in both the personal adjustment phase and the adjustment training phase as determined by behavioral changes in the client.

In summary, the outlined adjustment program for the client should present a realistic behavioral picture of the client, pointing out assets and liabilities in his behavioral pattern. Recommendations for behavior change should be included in the program with behavioral objectives. An analysis should be made of the client's work habits and adjustment skills in reference to acceptable and unacceptable behavior; It is necessary for the outlined program to recommend ways of changing undesirable work habits and acquiring needed adjustment skills. The client's pattern of learned attitudes should also be discussed in the client's adjustment program for the benefit of the adjustment staff.

IV

SOME GENERAL CONSIDERATIONS FOR IMPLEMENTING
ADJUSTMENT TRAINING PROGRAMS

PLANNING STAGES

The implementation of an adjustment training program requires a great deal of planning and preparation prior to it becoming a reality in the facilities program of vocational services. Many factors should be considered in order to prevent problems later on and provide the most meaningful adjustment services to the client possible. The person responsible for setting up the program may have no guidelines or structure from the program coordinator or administrator of the facility. It might be well for this person to see what other facilities are doing in order to get a working knowledge and ideas that may be relevant to his own facility.

The following are some planning steps that should be taken prior to actual innovation of the adjustment training program:

Establish Need: The first logical step is to establish the need for this type of training in the facility. The behavioral problems of clients served by the facility should be evaluated in order to determine the nature of needed adjustment services. For example, clients who have never worked or those clients who have histories of unacceptable work behavior would need a concentration in work adjustment. On the other hand, clients who demonstrate poor grooming and body hygiene might need a planned learning experience to change this behavior. The techniques used in the adjustment training program may differ with different types of client disabilities. Before structuring individual and/or group methods directed to-

ward behavioral change, the behavior of clients interfering with their rehabilitation process must be outlined and studied. The structure of the adjustment training phase in a facility may be oriented more toward the personal and social adjustment. So, the question of the types of behavioral needs of the clients in a particular facility must be considered very carefully.

In establishing the need, the referral sources should be consulted for discussion of the adjustment needs of their clients. Their interest and suggestions may well limit or broaden the scope of the adjustment program. It is also important to estimate the number of potential clients for adjustment training while establishing the need of this training phase. Another factor to be considered is whether this training by the facility will be a duplication of services offered by other facilities in the area. Other staff members in the facility should be consulted as to their ideas and opinions of the need of this type of training in the facility.

Another pertinent question to ask is whether or not this need existed in the past. Could clients, previously served by the facility, have benefited significantly from such a training program? A survey of the reasons why certain clients who have been through the facility program fail to make an adequate adjustment later on in employment could supply part of this answer. Clients already in the facility could be evaluated in terms of adjustment needs not presently being met by the existing facility program.

Space: Another step needed prior to innovation of the training phase is a survey of available space in the facility. The administrator and/or program coordinator would have to be consulted in terms of space utilization, although the amount of space is probably not as important as the type of space. The space used for groups or classes should have an environment conducive for stimulating learning; it should be free of noise and other distractions; there should be room for displays and posters; and the area should be appropriate for audio-visual presentations. Space will also be needed for storing materials, supplies, and equipment. If home-making activities are being considered, the appropriate space and connections for equipment would have to be evaluated. Other considerations for space would include, for example, areas for recreation, bulletin board space, client lounge, staff offices, working space, etc., if these types of activities are being planned.

Financial Aspect: The finances that will be available is an important variable for consideration. Will funds be available for adequately maintaining the training areas? A certain amount of supplies and materials will be needed for posters, supplies, audio-visual aids, etc., depending on the nature and extent of the training. If additional staff will be needed to implement and carry out the training phase, this additional expenditure needs to be considered by the facility. Field trips and projects in the community will require the

facility to provide or arrange for transportation. Other areas of financial need should be carefully considered prior to innovation of the training stage.

Time: The amount of time needed to plan and carry out the adjustment training program, not only on the part of the staff, but also with the clients must be considered. If clients are working in a sheltered workshop with a certain priority for production, the amount of time that would be available for other aspects of the adjustment training program must be determined. The percentage of staff time available for the provision of the personal adjustment phase and the training phase would have to be estimated, as the personal adjustment phase would require individual client contact and time for client observation and application of reinforcement. The time schedule for the training groups needs to be outlined in order to determine how it will affect other scheduled client activities in the facility.

Staff: The finances for staff and staff time have already been discussed; however, the nature of the staff is an important factor in planning for an adjustment training program. If additional staff are not going to be considered, it should be determined which staff in the facility would have the responsibility for developing the adjustment training program. For example, would the evaluators have the additional responsibility for providing adjustment services? Although a specific staff member in the facility will have to have this

responsibility, other staff members in the facility should be considered as resource persons for providing certain aspects of the training program. The physical therapist could supervise such activities as physical exercise, posture, and weight control, while the speech therapist could work with groups of clients in improving their communication skills and self-confidence through expression of ideas and feelings. The occupational therapist might be effective in helping clients increase their work tolerance and improve their skills in forming appropriate inter-personal relationships with peer workers. If a social worker or psychologist is available, they could work with individuals or groups of clients in social adjustment, understanding of self, desirable personality traits, and other aspects of social and personal adjustment. The rehabilitation counselor could participate in job readiness classes where he is particularly knowledgeable in the employment, possibilities for vocational training, and worker-supervisor relationships. If the facility has training instructors or work supervisors, they may also be utilized. Some examples of resource persons in the community that could be utilized in an adjustment training program are beauticians, counselors from the local employment office, community employers, retired teachers and nurses, and home economic specialists, just to name a few.

INNOVATION AND IMPLEMENTATION

It is at this point, after evaluating the need, space, financial aspects, time, and available staff, that a decision must be made whether or not to proceed with the innovation of an adjustment training program. If the decision is made to go ahead with this program, it is important that the facility make a commitment toward achieving this goal. The adjustment training program should command as much attention and support as other areas of service in the facility. Several steps need to be taken in this process of innovation and implementation:

Establishing Objective

Objectives of both the personal adjustment phase and the training phase need to be outlined. It should be decided how the personal adjustment phase will be structured and what types of reinforcement systems are available for use. The specific areas of training need to be identified in terms of content and structure. This manual has suggested various training areas with a discussion of justification, content, and specific implementation guidelines. It should be emphasized that each facility is unique in its goals and purposes, and the adjustment training program will have to be tailored to fit the needs of the facility program of services. The factors discussed in the evaluation stages will dictate the nature of the objectives for the adjustment training program of services.

Client Supervision and Reporting System

This particular step is sometimes overlooked in the innovation process of any facility program. It is especially important in

an adjustment training program as the adjustment needs of each client will be unique to that particular client. During the evaluation process, an adjustment plan should be developed for each client outlining in detail the specific adjustment problems and objectives of his adjustment program. After this has been accomplished, the client should be assigned to an adjustment counselor or client manager to coordinate the various aspects of that client's adjustment program. This individual would be responsible for progress reports, the final report at termination, and he could also make sure that the client is scheduled for the recommended training areas. The adjustment counselor could also supervise the personal adjustment phase of the client's program. A decision as to the type of progress and termination reports to be used needs to be made at this time.

Curriculum Outlines and Lesson Plans

A curriculum outline should be developed to fit the content and structure of the adjustment training program in the facility. This outline contains the objectives, content, and procedure of each training area and also a procedural outline for the personal adjustment phase. Incorporated within the outline would be the lessons plans for each area. The importance of having such an outline is being stressed because of the necessity of having some established structure for a new staff member or substitute to follow: thus maintaining continuity in the adjustment training program. There are many different versions of curriculum outlines and lesson plans, and the descriptions in this manual serve only as examples which are intended as suggestions as to how they could be structured.

The curriculum outline, for each training area, should initially state the purpose and list the objectives. The purpose usually makes up one or two specific statements that describe, in practical language, the aim of the training program. This statement clarifies why this area of adjustment training is being included in the adjustment training program. The objectives are listed in a numerical order and should indicate, also in well chosen, practical language the goals of the training area. These objectives should serve as a source for the activities conducted throughout the training area. The procedure or content should outline the various topics of concentration or lessons in the order in which they would occur within each training area. In planning the content of each training area, it should be kept in mind that material presented should be practical and easily demonstrated. Some pre-planning in this area would prevent frustration and loss of interest on the part of the client.

Lesson plans should be developed for each topic or subject area covered in the particular training area. The lesson plan is a defined course of action that displays at a glance the scope and content of the topic or subject area. It provides the adjustment counselor with a blue print of each aspect of the training area. The lesson plan may be constructed for one twenty-minute training session or it may be used for several longer group sessions depending on the content or importance of the subject matter. It should, first of all, state the specific objective of the lesson. Any materials needed in the presentation of the lesson should be listed in the lesson plan. Also, in the lesson plan, a description of the content or

subject matter and suggested methods of activities are included. Any other miscellaneous comments can be made under a section entitled notes on comments. Provisions should be made at the end of each lesson and throughout the period of the training area to continually evaluate the effectiveness of the content and methods as well as the progress of the client.

Examples of specific training area outlines and lesson plans are found on the next few pages.

Example A: Training Area Outline

JOB READINESS TRAINING COURSE OUTLINE

Purpose: Job readiness describes that aspect of the client's training that prepares him for job seeking activities.

Objectives:

1. To give clients a practical approach to job seeking activities.
2. To prepare clients for the employment interview.
3. To develop individual employment goals.
4. To instill in clients positive attitudes toward seeking and maintaining work.

Content Outline:

1. Orientation.
2. Client preparation to discuss their disability.
3. Understanding of maximum level of mental and physical capacity.
4. Client preparation of a personal data sheet.
5. Sources of information concerning available jobs.
6. Preparation for the employment interview.
7. Completion of application forms.
8. Employment tests.
9. Success and failure in the employment interview.
10. Development of realistic personal goals for employment.

Example B: Training Area Outline

SOCIAL ADJUSTMENT GROUP OUTLINE *

General Objectives:

The objectives of this group are to present a personal improvement program for male clients, placing particular emphasis on the practical aspects of looking and behaving in both a socially-acceptable and a vocation-oriented manner. The purpose of this group is to bring our clients up to the business standards of dress and behavior expected by most employers in the areas in which they hope to work in the future. Each session will last approximately one hour.

Week 1

Lesson 1

I. Social Adjustment Orientation

- A. Definition
- B. What can class offer
- C. Why needed
- D. Participation
- E. Specific Objectives

The purpose of orientation is to create an interest within the client toward personal improvement and to attempt to motivate them to acquire desirable social skills necessary for obtaining and holding a job. Emphasis must be placed on the economic value of this training and on the ease with which this knowledge can be acquired.

- F. It would be beneficial if the director of the Center discussed with the group the importance of improvement including

what is expected of clients in this area while they are in the Center. He could also discuss the economic importance of this with the clients.

- G. The group leader will encourage the clients by discussing the ease and enjoyment of learning the subject matter of the sessions.

Week 1

Lesson 2

I. Grooming

- A. Skin
- B. Hair
- C. Foot Care

Week 1

Lesson 3

I. Grooming

- A. Film borrow from Bryce Rehabilitation Center
- B. Discussion

Week 2

Lesson 5

I. Clothing and Dress

- A. Well-groomed look
- B. Dress appropriately
- C. Care of clothes
- D. Business dress
- E. Color combinations

Week 2

Lesson 6

I. Shopping for clothes

A. Field trip to local men's store

II. Men's fashions

Week 2

Lesson 7

I. Etiquette

A. Social Awareness

B. How do others see me and how do I see myself?

Week 2

Lesson 8

I. Manners--Etiquette

A. Conversation

B. Being a gentleman

C. Introductions

D. Role playing on tapes

Week 3

Lesson 9

I. Social Practices--Film from Bryce Rehabilitation Center

II. Answering the telephone and making appointments

III. Discussion

Week 3

Lesson 10

I. Table Etiquette

- A. Field Trip to local restaurant for lunch
- B. How to order
- C. Tipping practices
- D. Terms on menu

Week 3

Lesson 11

I. Sex Education

- A. Problems and feelings
- B. How to deal with them

II. Discussion

III. Film

Week 3

Lesson 12

I. Social Diseases

- A. Guest speaker--medical profession
- B. Pamphlets
- C. Discussion and treatment

Week 4

Lesson 13

I. Personality

- A. Potential
- B. Sociability

II. Discussion

Week 4

Lesson 14

I. Attitude

- A. How does it show?
- B. How do I affect others?
- C. Discussion

Week 4

Lesson 15

I. Attitudes--Film (Borrow from Bryce Rehabilitation Center)

- A. Can attitudes be changed?
- B. Discussion

Week 4

Lesson 16

I. Prevocational Preparation

- A. Psychology of success
- B. Salesmanship
- C. Public relations

Week 5

Lesson 17

I. Prevocational Preparation

- A. Conduct meetings--role playing
- B. Leadership qualities

Week 5

Lesson 18

I. Prevocational Preparation

A. Business Etiquette

B. Film--"How to Dress for a Job"

Week 5

Lesson 19

I. Applying for a Job

A. Interview

B. Filling out an application

Week 5

Lesson 20

I. Applying for a job

A. Role playing

II. Discussion and criticism of sessions

III. Termination

* Taken from training manual of West Alabama Rehabilitation Center,
Tuscaloosa, Alabama.

Example C: Training Area Outline

GROOMING AND PERSONAL APPEARANCE *

I. Introduction

The chronological age of the students taught ranges from sixteen years old to sixty years old. The mental age of these students ranges from educable mentally retarded to superior intelligence. The area of study this unit involves is personal adjustment. This specific unit is grooming. This unit is part of a complete curriculum which I am developing for use in personal adjustment. This specific unit is grooming. This unit is part of a complete curriculum which I am developing for use in personal adjustment classes with rehabilitation clients with whom I work at Bryce Rehabilitation Center.

II. General Objectives

The general objective in this area is to present a personal improvement program for both male and female clients, placing particular emphasis on the practical aspects of looking and behaving in both a socially acceptable and a job-oriented manner.

III. Specific Objectives

The purpose of this unit is to attempt to bring our clients up to business standards of grooming and personal appearance expected by employers in various areas in which they hope to work.

IV. Unit Outline

A. Cleanliness

1. Reasons for keeping clean

- a. Health--prevent sickness
- b. Odor
 - (1). Social aspects
 - (2). Occupational aspects
- 2. Grooming Aids
 - a. Soaps
 - (1) Soap types
 - (2) Bath products
- B. Skin
 - 1. Function of the skin
 - a. Structure of the skin
 - (1) Epidermis
 - (2) Dermis
 - (3) Subcutaneous tissue
 - b. Glands of the skin
 - (1) Sweat glands
 - (2) Oil glands
 - (a) Normal functioning
 - (b) Under-active functioning
 - (c) Over-active functioning
 - 2. Care of the skin
 - a. Aging of the skin
 - b. Affect of sun on the skin
 - c. Cleaning the skin
 - (1) Normal skin
 - (2) Oily skin
 - (3) Dry skin

- d. Abnormal skin conditions and treatment
- e. Positive factors in skin care
- f. Negative factors in skin care

C. Oral Cavity

- 1. Tooth care
 - a. Brushing teeth
 - b. Massaging gums
 - c. Using dental floss
- 2. Bad Breath

D. Hair

- 1. Hair structure
- 2. Hair type
- 3. Hair care
 - a. Hair care products
 - b. Hair care tools

E. Hands

- 1. Cleanliness
- 2. Care
 - a. Skin
 - b. Nails
 - c. Cuticles

F. Feet

- 1. Pedicures
- 2. Baths
- 3. Exercises
- 4. Fatigue
- 5. Feet problems

V. Activities

1. Clients will assist in designing and maintaining displays for bulletin board, posters, and display case.
2. Field trips to the drug store, dime store, discount store, and grocery store have been planned in order to acquaint clients with prices, brands and contents of different grooming products available for their use in each type store. These activities will be closely related to budgeting under academic activities. Actual product contents and prices will be compared in the complying of budgets by each client.
3. Grooming projects will be undertaken with careful mirror checks by clients and teacher using enclosed check lists. Grooming products will be given weekly as specific rewards for specific improvement. Instructor will meet with each client to evaluate areas in which improvement is needed and plan methods for individual clients to work toward improvement.

VI. Academic Activities

1. Reading assignments will be given in various texts on subjects covered in this unit.
2. Attempts will be made to acquaint clients with terms used in discussing subjects in this unit.
3. Each client will decide on grooming products he needs. He will list these, including prices, while on field trips to various stores. He will decide which products he needs

most and can best afford, and where he can obtain these products for the best prices.

EVALUATION

This unit will be evaluated in various ways. Short objective exams will be used as well as discussions. The main method of evaluation will be observation of changes in grooming habits and appearance of our clients. Another method of evaluation will be the amount of feedback in enthusiasm, interest and motivation for improvement in grooming observed in our clients. Discussion of methods to improve and implement this unit will be held.

* Taken from training manual of Bryce Rehabilitation Center,
Tuscaloosa, Alabama.

Example D: Lesson Plan

A BUDGET *

I. Purpose

To teach about budgeting one's income

II. Objectives

- A. To attempt to impress upon the pupils the value of money.
- B. To attempt to show the money cost of living.
- C. To teach why one's expenses must not exceed one's income.
- D. To show one can plan to spend one's income wisely.
- E. To help learn the value of saving for a purpose.
- F. To help pupils understand the need for knowing how to recognize good values in purchases.

III. Content

A. Income

1. Salary for regular work.
2. Salary for part time work.

B. Expenses

1. Fixed expenses such as: shelter, food, health, social security, income tax withholding, other taxes, utilities, car payments, car up-keep, insurance.
2. Flexible expenses such as: recreation, charity, church, clothes.
3. Luxuries such as: ready-cooked foods, ready-sliced foods, ready-made clothes that will not wear well, toys that are not substantial, frequent meals at the drive-in.

IV. Procedure

A. Motivating Activities

1. Film or film-strip on budgeting.
2. Newspaper advertisements.
3. Posters.
4. Discussion in class.
5. Talks by former classmates who are now economically independent.
6. Bulletin board display of charts on budgeting and related material such as comparison of cost between cash and time payments.

B. Integrated Activities

1. Arithmetic

- a. Cost of items needed for a family of four for a week's food.
- b. Compare with expected salary for several jobs.
- c. Determine amount left for shelter, car, TV payments, if any.
- d. Find the savings on items bought for cash over time payments.
- e. Find the savings on groceries if bought at week-end sales over regular prices.
- f. Find out how much interest loan companies charge.

2. Art

- a. Posters showing real needs and luxuries.
- b. Scrapbooks showing household items of good values.

- c. Charts showing how the dollar is to be spent.
- d. Drawing showing ways to save and how waste occurs.

3. Oral Language

- a. Discussion in class of the problems involved in making a budget.
- b. Discussion of the costs of possible purchases for a home, why one item is superior over others.
- c. Dramatize shopping experiences: banking, making a loan; renting an apartment; making purchases for a holiday dinner, a picnic, a cook-out; buying a suit, a pair of shoes, a coat.

4. Written Language

- a. Make a list of items one must buy for one day's food for a family of four, two adults and two children ages 5 to 9.
- b. Make a list of the items one needs to furnish a living room, a bedroom, a kitchen.
- c. Write a letter answering an advertisement in a newspaper.
- d. Write an order for some merchandise.
- e. Write a letter to accompany the return of some item you ordered by mail that was not satisfactory.
- f. Read labels on merchandise, on garments, on foods.

V. Culminating Activity

- A. Field trip to a local bank or savings company and observe how money is deposited and withdrawn, and loans are processed.

- B. Dramatization of a family living by a budget, and a family without any plan.

VI. Outcomes

Evaluate the result of each day's lesson. Prepare the lesson plan for the next day to include time to correct or to emphasize any points you feel were not quite understood.

VII. References

Help the pupils prepare a list of the materials that have been used in the study. The teacher should have a complete list of all materials used.

8 Taken from: Sniff, W. F. A Curriculum for the Mentally Retarded Young Adult. Springfield, Illinois: Charles C. Thomas Publishing Company, 1962.

Example E: Lesson Plan

LESSON PLAN # 1 UNIT: Job Readiness TIME PROPOSED: 1-3 hours
SUBJECT: Orientation
SPECIFIC OBJECTIVE: To acquaint the client with the purpose of job readiness
ASSIGNMENT: A description Job Readiness Areas
LEARNING MATERIALS NEEDED: Pamphlets, slide presentation, posters, handouts
CLIENT NEEDED MATERIALS: Individual folders
METHOD OR METHODS TO BE USED--CHECK METHOD OR COMBINATION OF METHODS
☐ DIRECTED STUDY ☐ PROJECT ☒ QUESTIONS AND ANSWERS
☐ ROLE-PLAYING ☒ AUDIO-VISUAL AIDS ☐ DEMONSTRATION
☒ LECTURE ☐ RECITATION ☐ WRITTEN OR ORAL EVALUATION
☐ GROUP DISCUSSION ☐ SUPERVISED STUDY ☒ OTHER

SUBJECT MATTER TO BE LEARNED

1. To acquaint the client
the program of Job
Readiness.
2. Expose the client to
areas of work.
3. Discuss the importance of
work.
4. Participation.
5. Introduction to the next
lesson.

SUGGESTED CLASS ACTIVITIES & METHODS:

1. Tour work setting.
2. Question and answer period.
3. Posters and slide presentation.
4. Summary of lesson.

* Taken from training manual of Mobile Rehabilitation Center, Mobile
Alabama.

Example F: Lesson Plan Form

LESSON PLAN NUMBER _____

COURSE _____

TITLE _____

OBJECTIVES _____

TRAINING AIDS

REFERENCES

INTRODUCTION

PRESENTATION

APPLICATION (TIME ALLOTTED)

1. Instructor

2. Student

DISCUSSION AND EVALUATION

ASSIGNMENT

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[illegible]

Task _____

Suggested Instructional Methods

Practical Work Experiences

Glossary

- | | | | |
|----------|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ | 7. _____ |
| 2. _____ | 4. _____ | 6. _____ | 8. _____ |

Suggested Questions for Thought Stimulation

COLLECTION OF MATERIALS AND CONSIDERATION OF METHODS

The process of collecting materials and selection of methods is an on-going one which continues as the adjustment training program grows and matures. The types and sources of materials are only limited by the resourcefulness and creativity of the adjustment counselor. Methods must not only be suited to the clients, but also to the individual conducting the training. The following are some examples of materials, sources, and methods:

Examples of Types of Materials

1. Brochures, posters, pictures, signs, magazines, etc.
2. Materials for home-making activities (items for food displays, articles of clothing, appliances, utensils, etc.)
3. Resource books, vocational guidance materials, etc.
4. Basic skills materials (blackboard, charts, maps, flash cards, workbooks, cork boards, models, etc.)
5. Cosmetic and grooming supplies.
6. Slides, filmstrips, tapes, and film sources

Examples of Sources of Materials

1. Library, community organizations, county home economist, public schools, etc.
2. Companies (cosmetic, clothing, life insurance, drug, telephone, food, etc.)
3. Governmental Sources (Federal, State and Municipal Agencies, Government Printing Office, National Safety Council, etc.)
4. Private individuals.

Examples of Methods

1. Preparation of bulletin boards by adjustment counselor or clients relative to subject areas.
2. Field trips to stores, banks, factories, hospitals, schools, etc.
3. Use of volunteers in reference to baking, jobs, legal, medical, dental, food buying, clothing, etc.
4. Demonstrations (grooming, care of nails and hair, washing clothes, use of telephone, public transportation, etc.
5. Role-playing (employment interview, shopping, family conflicts, making friends, etc.)
6. Socio-drama (skits and plays).
7. Client activities (assign projects such as making a scrap-book or filling out a budget).
8. Audio-visual aids (slide and filmstrip presentations, use of transparencies, films, tape recorder presentations, etc).
9. Group discussion (directed and non-directed, brainstorming, buzz groups, etc).
10. Evaluative techniques (informal testing, client presentations, etc.).
11. Community projects (assignments for clients to accomplish in the community.
12. Educational gains relative to subject area (simple cross-work puzzles, spelling games, etc.).

THE USE OF AUDIO VISUAL MATERIALS IN ADJUSTMENT SERVICES

The use of appropriate audio-visual (A-V) materials can add an effective dimension to almost all phases of adjustment services. Past experiences with audio-visual instruction in classrooms, industrial settings, business, etc., have indicated that people retain 4 to 5 times the amount of information presented audio-visually than the same information presented in audio forms only. The use of visual materials to complement oral or written materials also helps clarify and explain many concepts that may otherwise be difficult to understand. Adjustment services have been depicted throughout this guide as being made up of many learning situations, with the client as the learner and the adjustment staff as the teachers. For this reason it was felt that a section on the basic uses, advantages, disadvantages, and procedures related to audio-visual instruction or teaching is an appropriate inclusion in this guide.

Audio-visual instruction or teaching is a method that consists of using various types of teaching aides that utilize the hearing, seeing, touching, and on occasion, the tasting and smelling senses to promote learning. Usually this material supplements or complements other types of instruction as, for example, oral instruction, supervised study, job instruction, field trips, tours, etc.

Advantages:

1. Several senses (hearing, seeing, touching, etc.) are used in the learning situation, thus taking advantage of the

additional learning that accompanies hearing and seeing combined. In many cases the learner's retention of subject matter can be raised from 10-20% (audio presentation alone) to as high as 70-80% through the addition of visual media.

2. A-V presentation stimulates interest in learners by adding variety and realism to the learning situation.
3. A-V media can direct information to some people in shorter-than-conventional periods of time thereby making superior instructors available to more clients.
4. A-V media can accomplish many educational objectives much more economically and effectively than oral instruction alone.
5. A-V media can give diversity of presentation by presenting the same information in a variety of ways and standards that can be established so that each client receives the benefit of the exact same information.
6. Individualization, dynamics and emotionalism can be added making learning and teaching more exciting and stimulating.
7. A-V media can promote the development of self-teaching and individual attainment in exploring varied areas.
8. A-V media can be particularly beneficial to non-readers or poor readers in understanding theoretical concepts, technical data and task directions, by lessening the negative effect of poor reading.

9. A-V media can be instrumental in bringing about changes in attitudes and prejudices, and can aid the instructor in compensating for differences in ability of learners.

Although there are many advantages of using audio-visual media there are also some disadvantages which must be considered before audio-visual media is applied to certain learning situations.

Disadvantages:

1. Audio-visual equipment and software may be too expensive and difficult to obtain for many learning requirements.
2. The time required to produce audio-visual materials may be prohibitive in many situations, and not be worth possible results of increased learning.
3. Appropriate subject material, if not closely related to the work or learning situation may be ineffective.

Suggestions for Effective Use of Audio-Visual Media

1. Materials should be selected that are pertinent to specific learning objectives.
2. All software should be previewed prior to presentation.
3. Equipment should be set up before time for presentation in order that the learning environment is contiguous.
4. Purposes, overall content and major points should be emphasized prior to media presentation.
5. Prepare A-V media area according to equipment being used and learner needs.
6. Provide sufficient time for discussion, questions and reexamination of AV media according to learner interest, and major points.

7. Encourage recall, comprehension and abstract reasoning through learner participation in relating the present learning situation to past and future learning.

The many and varied uses of A-V media is limited only to the extent of the imagination of the adjustment instructor. The solution of adjustment problems can be greatly enhanced by innovation and proper implementation of media. With the more wide spread utilization of media, more meaningful software is being developed which could add diversity to the approach of adjustment instructors in meeting the needs of rehabilitation clients.

IDENTITY FOR THE ADJUSTMENT SERVICE PROGRAM

It is important that the adjustment service program establish its own identity in the rehabilitation process. The nature of this service varies in purpose and content from vocational evaluation and vocational training. Adjustment training is a unique service that can make a significant difference in the success or failure of a client in his rehabilitation process.

In order for the adjustment service program to establish its own identity, it is essential that a written format for the program be developed. A specific adjustment plan should exist for each client entering the adjustment training program, outlining in detail the nature of the adjustment problem with the plan of action. In the client's orientation to adjustment services, it is important for him to understand the objectives of the adjustment program and why he is to receive adjustment services. Identity can also be established by designating staff titles such as adjustment counselor, adjustment workshop director, work adjustment therapist, and so forth. It is essential that a facility have a staff member whose primary responsibility is the supervision and coordination of adjustment services.

If the facility is providing adjustment services in an effective manner, it should get credit for providing the services as a part of its rehabilitation program.

PUBLIC RELATIONS

Since adjustment training is not well understood by many people and sometimes not appreciated by referral sources, it should be included in the public relations efforts by the facility. Many adjustment services are provided in various community settings, and it is necessary to solicit continued community support for continuation of these services. Volunteers from the community can provide valuable assistance to the adjustment training program and in order to receive this assistance, these individuals must understand the value of adjustment services.

A good public relations technique could be the development of an audio-visual presentation that would describe the objectives and content of the adjustment service program. This presentation could be made available to civic groups, vocational rehabilitation counselors, professional organizations, and many other interested individual groups. The facility could also prepare a brochure describing its program of adjustment services to be distributed to interested persons and organizations in the community. In addition, displays illustrating various facets of adjustment services could be constructed and placed in the lobby of the facility, at conferences, or at other appropriate places.

In any case, it is important to have good communications with agencies, organizations, and individuals in the community concerning the nature and goals of the adjustment service program.

V

SUGGESTED TRAINING AREAS FOR ADJUSTMENT SERVICES

INTRODUCTION

Adjustment training in this curriculum refers to those training areas that are conducted on a group basis rather than on an individual basis as described in the personal adjustment phase. The training areas are discussed as to their justification in being included in an adjustment program. In some sections, a description of content is suggested and this description is by no means meant to be complete, as client needs may vary from one rehabilitation facility to another. In developing an adjustment program from this curriculum, it may be feasible to combine several of these areas into one training area; for instance, personal appearance and hygiene, social adjustment, and life adjustment could be combined into one area of concentration. It could also be appropriate to break down one of the training areas into several components to be combined with other areas. Some rehabilitation facilities will not need and/or be able to incorporate all of these training areas into its adjustment training program.

This section of the curriculum will also include some aspects of implementation of these adjustment training areas. It is important to justify the needs of a training area in each specific rehabilitation facility before implementing it in the adjustment program of that facility. The adjustment needs of clients, being referred to the facility, is the key factor to be considered along with available time, space, and staff.

AUXILIARY MEDICAL SERVICES

The services of auxiliary medical therapists may have significant application to clients receiving adjustment services. Many facilities have these therapists available and the specific contribution that can be made in a client's adjustment program depends on the therapist's orientation, degree in which they are medically or vocationally oriented, and their role in the facility. These types of therapists will be discussed in general terms as to their role in a facility adjustment program.

The occupational therapist is usually involved in the planning and supervising of specific activity where treatment goals may be a medical, physical, vocational, or psychological nature. Medical goals may include increase of strength, range of motion, coordination or endurance; also, this may involve facilitating the adjustment of the client to the physical limitations in his environment. The occupational therapist can sometimes be effective in assisting the client who has physical limitations in adjusting to the activities of daily living. The client may have adjustment needs in self-care which would include dressing, feeding, and bathroom activities; he may also need improvement in walking, getting in and out of chairs and automobiles, and using a wheelchair or prosthesis. The adjustment of a disabled homemaker might include equipment in the kitchen and other special demands of the home. Some occupational therapists have experience in designing and constructing special variations of equipment to fit the needs of a physically disabled client. Though careful design of activities, the occupational thera-

pist may assist clients to reach certain vocational goals such as gradually increasing the clients work tolerance, ability to lift objects in a work situation, standing tolerance, adaption of work equipment, and work methods to fit physical or mental limitations of clients. The occupational therapist could also participate in achieving certain social adjustment goals such as adjusting the work activity to control and gradually increase the quality and quantity of interpersonal relationships.

The physical therapist works with the physically disabled in aiding their physical restoration. Following a physician's prescription, their treatment consists of physical exercise, massage, the use of mechanical apparatus, and the applications of hot or cold, light, water, oil and electricity. The physical therapist could contribute to a client's suggested program if he needed a physical exercise for work control or other reasons, or for a client who needed to improve their posture and body movement.

The speech therapist may also make a contribution to a client's suggested program through assisting the client in overcoming a speech defect. Problems in speaking and relating with people may originate in a speech problem. The speech therapist could also aid the client in developing his confidence of self-expression.

Implementation of Adjustment Services from Auxiliary Medical Therapists

To implement the use of auxiliary medical therapists, initiate contact with these therapists to discuss the nature of their specific contribution to an adjustment program. As the need arises, physically disabled clients could be discussed with the physical

therapist in terms of their needs, for example, in muscle coordination, correct care and use of braces, physical exercise, among many others. In the same manner, discussion could be initiated with the occupational therapist in terms of, for example, assisting clients to increase their physical or mental tolerance in a controlled work setting or working with clients who have adjustment needs in activities of daily living. As mentioned, clients could also be discussed with speech therapists in terms of improving speech and communications problems. Additional information could be obtained from these therapists concerning further adjustment needs to be considered in the client's adjustment program.

ADJUSTMENT TO PROBLEMS OF DAILY LIVING

The purpose of training in problems of daily living is the preparation of the client, within his mental and physical limits, to perform his maximum daily activities in his home, work, and community.

Many handicapped clients live in an environment and under conditions in which they are unable to adjust and learn in the same way as a non-handicapped individual is able to make this adjustment. This process of adjusting and learning is in direct relationship with the disability of the client and his interactions with his environment. In many cases, their decreased involvement in their environment produces a great deal of dependency on others and prevents them from achieving adequate functioning in daily activities. The client may become extremely skillful and capable in an area of work; however, when he returns to his life style in the community, this incompatibility will soon extinguish the progress made in the vocational area. So, it appears that the community offers the most challenging adjustment situation for many handicapped individuals, especially the mentally retarded and disadvantaged. Many activities that we take for granted such as transportation, communication, appropriate use of money, leisure time activities, conforming to laws, as well as many others interfere with the handicapped person's overall life adjustment. In many cases, it is just as important to match the degree of life adjustment to the community environment in which the client will function, as it is to match the client's vocational potential to the requirements of a job.

The success of the client's rehabilitation program usually depends on his ability to make a realistic adjustment to the life he will lead when he leaves the facility program. Training in adjustment to problems of daily living should be concrete, functional, and understandable to the clients in the group. It should be flexible in providing a variety of learning experiences in various areas to enable the client to cope with problems and difficulties that he will encounter in his future environment. These learning experiences should not be designed to change or modify the client's value system but to provide him with useful information and practical skills. During the process, the client will probably alter some of his values and attitudes relative to his life style.

The following is a suggested content outline of information areas that would be appropriate for clients having problems adjusting to daily living. Some clients may have needs in only one or two areas while others need extensive training in all areas. Also included is a sample of survival words that the client should be able to recognize in the community. These are examples that could be modified to fit the needs of clients in a particular community area.

ADJUSTMENT TO PROBLEMS OF DAILY LIVING

CONTENT OUTLINE

I. Community Living

A. Responsibilities

1. Responsibilities of a community to its citizens
 - a. Civil servants
 - b. Education

- c. Transportation
 - d. Sanitation
 - e. Communication
 - f. Emergencies
 - g. Protection
- 2. Responsibilities of citizens to the community
 - a. Care of personal and public property
 - b. Voting
 - c. Legal requirements
 - d. Taxes
- B. The law
 - 1. Traffic laws
 - a. Cars
 - b. Pedestrians
 - 2. Criminal laws
- C. Emergencies
 - 1. Fire
 - 2. Police
 - 3. Medical
- D. Communication
 - 1. Postal services
 - 2. Telegrams
 - 3. Telephone
- E. Transportation
 - 1. Types
 - a. Car
 - b. Bus

- c. Train
- d. Airplane
- e. Walking
- 2. Basis for selection
 - a. Time
 - b. Money
 - c. Distance
 - d. Convenience

II. Safety

A. Safety precautions in the community

- 1. Public places
 - a. Parks
 - b. Swimming pools
 - c. Street safety
- 2. Travel safety
- 3. Survival reading
 - a. Street signs
 - b. Traffic signs
 - c. Labels
 - d. Phone numbers

B. Safety in the Home

- 1. Hazards
 - a. Source of burns
 - b. Electrical

- c. Poisons
- d. Source of falls
- 2. First aid

III. Budgeting and Banking

A. Money

- 1. Recognition of money
- 2. Making change

B. Budget

- 1. Salary
 - a. Gross salary
 - b. Deductions and net salary
- 2. Planning budget based on salary
 - a. Shelter
 - b. Food
 - c. Clothing
 - d. Transportation
 - e. Utility bills
 - f. Insurance
 - g. Savings
 - h. Recreation

C. Banking

- 1. Savings accounts
- 2. Checking accounts
 - a. Maintaining balance
 - b. Writing checks
 - c. Keeping accurate records

- D. Credit and loans
 - 1. Charge accounts
 - 2. Interest rates
 - 3. Loan companies

IV. Shopping Techniques

- A. Preplanning
 - 1. Items needed
 - 2. Quality and quantity
- B. Food store
 - 1. Nutritional foods
 - 2. Maintaining food budget
 - 3. Units of measure
- C. Clothing store
 - 1. Clothing needs
 - 2. Sizes
 - 3. Quality of clothing
 - 4. Best buys in clothing

V. Insurance

- A. Medical
 - 1. Hospitalization
 - 2. Disability
- B. Life
- C. Automobile
- D. Property

VII. Leisure Time Activities

A. Recreation

1. Indoor
2. Outdoor

B. Scheduling activities

1. Time involved
2. Cost
3. Variety

C. Boredom

1. Causes
2. Dangers

* Adapted from: Sniff, W. F. A Curriculum for the Mentally Retarded Young Adult. Springfield, Illinois: Charles C. Thomas, Publisher, 1969.

Survival Words. This list contains words that each child and young adult should recognize readily. Some of them may save a life, others save embarrassment, if understood and acted upon correctly. Different localities will have a use for some other words. Each teacher should add to the list or delete as her requirements vary.

Air Raid Shelter	Electric Rail	Fragile
Bank	Elevator	Fresh Paint
Bell Out of Order	Employees	Gasoline
Beware	Employment Agency	Girl Wanted
Boy Wanted	Emergency Exit	Glass

Bus Station	Enter	Go
City Hall	Entrance	Handle With Care
Closed	Exit	Hands Off
C.O.D.	Explosive	Help Wanted
Credit	Fare	Hospital
Danger	Fire Escape	Hunting Not Allowed
Dentist	Fire Extinguisher	In
Doctor	First Aid	Inflammable
Do Not	For Sale	Keep Away
Down	For Rent	Keep Moving
Dynamite	Found	Keep Out
Keep Off	Not Responsible	Terms Cash
Keep to the Right	Office	Ticket Office
Knock Before Entering	One Way	Thin Ice
Laborers Wanted	Open	This Way Out
Ladies	Out	This Side Up
Live Wires	Out of Order	To Let
Listen	Pay as You Enter	Use Other Door
Loitering Not Permitted	Poison	Wanted
Look Out	Private	Up
Lost	Public Telephone	Wait
Men	Pull	Walk
Men Wanted	Push	Watch Your Step
Next Window	Quiet	Wet Paint
No Admittance	Railroad	Women
No Left Turn	Rest Room	Women Wanted
No Parking	Shelter	Yield

No Smoking

Stop

No Trespassing

Take One

* Taken from: Garton, M. D. Teaching the Educable Mentally Retarded.

Springfield, Illinois: Charles C. Thomas, Publisher, 1969, pp. 63-4.

Implementation of Adjustment to Problems of Daily Living

Establish Need: In considering this type of training, determine the number of clients referred to the facility with adjustment needs in this area. This is a key training area for mental retarded and disadvantaged clients as well as other clients from protected and restricted environments.

Space: Determine what space is available for group sessions and other activities. An adequate amount of storage space is needed for materials and supplies. Space should be provided for activity stations such as a mock grocery store, citizenship projects, home-making activities, etc.

Staff: A staff person in the adjustment program needs to coordinate this training area as it covers a broad scope of learning areas. This type of training can effectively utilize the involvement of staff members and volunteers from the community.

Lesson Plans: Collect materials and develop training outline and lesson plans; a discussion of this procedure was included in Chapter IV.

Examples of Appropriate Methods:

1. Make scrap books with clients finding pictures of the services provided in the community.

2. Plan field trips to familiarize clients with community surroundings.
3. Make a posture describing various types of insurance.
4. Plan a shopping trip to a local store with participation of the store manager.
5. Use an over-head projector to illustrate successive steps in budget development.
6. Plan a "tasting party" by having members of the home-making group prepare various types of food as individual projects.
7. Select sample meals from pictures of food and place them on a flannel board.
8. Use films and filmstrips to present information on life adjustment.
9. Invite professional persons from the community to serve as group leaders (bankers, lawyers, store managers, home economists, etc).
10. Select a role play procedure of opening up a checking account.
11. Develop flash cards of survival reading words appropriately illustrated.
12. Have a brain-storming session with clients on traffic and criminal laws in the community.
13. Develop bulletin board displays on safety in the community and the home.
14. Have demonstrations on first-aid techniques.
15. Group discussion on leisure time activities.

REMEDIAL AND DEVELOPMENTAL EDUCATION

Remedial and developmental education involves the teaching of basic educational skills to clients who need these skills for future adjustment in work and in the community. A remedial educational program could also include the teaching of many aspects of adjustment to daily life, however, this guide will treat them separately. The level of instruction would depend on the educational needs of the clients in the facility; this would range from basic skills in reading and writing to preparing a client to take the high school equivalency test. Basic literacy skills should include adult reading, writing, arithmetic, and related sciences.

Many clients needing adjustment services in the facility have failed to learn in school and, as a result, they will bring negative feelings to the physical disability, the client could not compete with peers in prior learning experiences; as a result, he has become frustrated by his lack of educational skills and developed inferiority feelings along with a lack of self-confidence. Due to his previous lack of success, he may fear another failure.

A client may need specific educational skills in order to enter a particular semi-skilled or skilled job later on after he completes an adjustment training program or a vocational training program. For these clients, an analysis of the job would have to be done in order to determine the extent of needed educational skills. Additional education would also open up many more job possibilities for clients who are functioning below their potential.

The remedial education teacher must be aware of the adjustment goals of the client and communicate closely with other adjustment staff members working with the client. It is very important for this teacher to be perceptive to individual client problems as they arise and deal with these problems in a consistent manner. In many cases, the teacher must allow the client to choose the level he wishes to attain while maintaining a supportive relationship with him. Certain modification techniques could be used to assist the client in achieving his maximum educational potential.

The physical surroundings of the classroom are important so as not to arouse previously felt negative feelings in clients who have failed in school. Teaching methods must be selected in terms of emphasizing success and minimizing failure. There must be a positive one-to-one relationship between the client and the teacher to sustain the client's motivation and involvement in the remedial education program.

In facilities where a remedial and developmental education teacher is not available, it may be possible to carry out a limited program using other available staff members. There may exist in the community an adult education program in one of the public schools or vocational schools that would be appropriate for clients in the facility.

Implementation of Remedial Education

Establish Need: Determine what clients in the facility could benefit by remedial education services on the basis of their evaluation, motivation, and prior learning experiences.

Space and Time: Make an assessment of available space in the facility for a remedial education class that is well lighted and would stimulate a learning environment. Determine the amount of time needed by specified clients to obtain basic education skills.

Staff: If sufficient need exists, determine the feasibility of the facility obtaining a remedial and developmental education teacher. If this is not possible, consider a limited program using other staff members. It may be possible for a staff member to have the dual responsibility of teaching adjustment to problems of daily living and remedial and developmental education skills. It may also be feasible to utilize volunteers in the community for this purpose.

Lesson Plans: Collect materials and develop lesson plans; a discussion of this procedure was included in Chapter IV.

Suggested Methods:

1. Maintain supportive atmosphere in the classroom.
2. Adapt the instruction to individual or small group teaching.
3. Use appropriate program materials to motivate the client and minimize the occurrence of failure.
4. Use word building and arithmetic games.
5. Eliminate as many failure situations for the client as possible, such as difficult exams and consistent competition with other clients in the group.
6. Create stimulating classroom environment with bulletin board displays, posters, etc.
7. Use films, film strips, tape recordings, and other audio-visual aids.
8. Use teaching materials from the clients environment such as magazine and newspaper articles.

PERSONAL APPEARANCE AND HYGIENE

Personal hygiene training is designed to meet client needs in the areas of body hygiene, personal appearance, dental care, and addiction to tobacco, alcohol, and drugs depending on the needs of the clients in facility. This type of training can be carried out in small groups using audiovisual aids, group discussion, posters, and demonstrations.

Providing data concerning body hygiene consists of emphasizing the importance of good hygiene expected by employers. Body cleanliness can be stressed using bulletin board displays and films. Sources of possible information would include the Public Health Department.

Personal appearance includes those areas involving personal grooming, appropriate dress, and posture. Personal grooming covers a wide spectrum of information on male and female clients. This information can be presented through the use of poster displays, films, and film strips, followed by group discussion. Demonstrations can be given by barbers, cosmetologists, cosmetic company representatives, or other volunteers. The importance of wearing the correct type of clothing and keeping clothes clean is an important factor if a client is to succeed in the world of work after he leaves the facility. The appropriate way to dress for a job interview should also be pointed out to the clients. Various types of uniforms representing different work can be shown to clients along with safety apparel such as goggles, face guards, and gloves. Proper care of clothing is another area for discussion in the client groups. Good posture is also an important area

of concentration and a physical therapist may be of assistance in this area, especially with the physically disabled client.

Dental and medical care would be an appropriate addition to a class in personal hygiene. Information concerning medical and dental clinics in the community available for clients should be supplied to them. Possible group leaders would include a dentist from the community and the medical consultant for the facility. Aspects about food nutrition and effects on dental and medical problems would be included in information to clients about dental and medical care. Also related to this area would be information concerning the effects of tobacco, alcohol, and drugs. Many films and filmstrips are available in these particular subject areas.

Implementation of Personal Hygiene Training

Establish Need: Determine which clients in the facility could improve their chances for employment by better personal appearance and hygiene. Also, evaluate from the referral sources the need for such training.

Space: Determine if there is available space for classes and storage to accommodate personal hygiene training. There should be room for individual clients to keep their materials between group sessions; also, space should be available for display.

Staff: A certain amount of staff time is needed to conduct group sessions on personal appearance and hygiene planning time is also important to collect supplies and make the displays. Volunteers from the community, under supervision, could conduct such a program.

Lesson Plans: Collect materials and develop training outline and lesson plans; a discussion of this procedure was included in Chapter IV.

Examples of Appropriate Methods:

1. Conduct group discussions on importance of various aspects of hygiene and personal appearance.
2. Assemble display illustrating basic nutritional foods.
3. Demonstrate appropriate care of hair and nails.
4. Use resource persons as group leaders to discuss medical care, weight control, good posture, etc.
5. Field trips to office of local dentist.
6. Obtain grooming products for clients from local merchants and companies.
7. Organize client projects in which appropriate pictures would be secured from magazines for posters.
8. Demonstration by a barber or cosmetologist.
9. Use audio-visual aids in personal hygiene and appearance instruction.
10. Set up role playing situations between clients in reference to personal appearance.
11. Conduct group discussions concerning the effects of poor meals on a person's temperament.
12. Pantomime ways of caring for clothes and misuse of clothing.
13. Organize a diet club made up of clients in the adjustment program.
14. Mount a classroom mirror to check personal appearance.

JOB READINESS

Job readiness describes that aspect of the client's adjustment training that prepares him for job seeking activities. Training in this area should be designed for the specific group of clients who will be participating in the program in reference to expected level of employment potential. Type of information and training methods will depend on the client's communication skills and the level on which they can participate in job seeking activities. Areas to be focused on in this training would include the following:

1. Client preparation to discuss his disability
2. Vocational Information
3. Client understanding of his maximum level of mental and physical capacity
4. Development of a personal resume for each client
5. Information concerning possible employment test
6. Sources of information concerning available jobs
7. Employment contact in the job interview
8. Completing application forms
9. Acceptance of being turned down by a prospective employer
10. Development of a realistic personal goal for employment

Handicapped clients must first of all be able to accept and discuss their disability with employers. Employers, in most cases, will inquire about the nature of a disability or handicap during the job interview. Clients who deny the existence of a handicap usually jeopardize their chances of getting the job when the employer has medical or other information contradicting their statements.

If the disability is not observable, such as a cardiac or emotional problem, the client may have constant fear that the employer will find out about it and, as a result, the client could lose his job. Many clients feel a tremendous amount of guilt when they do not reveal their disability to the employer resulting in additional strain on the job and poor performance. Vocational information should be aimed at helping the client understand the meaning of being a productive worker and expose them to the many areas and levels of work. It gives the client with a limited work history a broad overview of the types of jobs available in the community and the requirements of various types of work. Job information can serve as a motivating factor with clients who have a very limited self-concept as a worker. These clients can become aware of the fact that there are jobs in which they can function successfully. Each client should become familiarized with the different levels of work: unskilled, semi-skilled, and skilled. He could then develop some concept of his capacity as a potential worker in reference to level of skill and type of work. If possible, an occupational library of materials should be collected and made available for the clients' use. They should be appropriate to the clients' ability to read and study the materials; it is important not to have these materials above the clients' level of understanding. Following exposure of this material to the clients, group sessions could be held to discuss the nature of various jobs and questions that might arise concerning them. Job information could also be conveyed to the client by the use of films and filmstrips describing work areas appropriate to the clients in

the group. Clients should also get exposure to employers in the community. They could discuss their areas of work by meeting with the clients in a group session or the clients could take a field trip to his work setting.

Equally important, the client must understand his maximum level of mental and physical capacity. He should have some concept of the limits within which he can successfully perform. This would facilitate job maintenance and prevent certain failure situations that would tend to aggravate his disability or impair his general health. These subject areas can be dealt with very well in small group discussions. The client can become comfortable enough in a small group to discuss his disability and then generalize to other situations such as the job interview. Through small groups, clients can react to each other in a protected environment and in the presence of a supported group leader. Appropriate films would be useful in dealing with these areas.

A personal data sheet or resume is very useful to clients in their job seeking activities. Having this information available can add much to the client's confidence when he goes in for a job interview. This information would be readily available when application forms are to be completed and it could be left with prospective employees for their review and consideration. In the excitement of the job interview, the client could panic and block out needed information such as dates of prior employment. A personal resume should include personal data such as name, address, phone number, social security number, date of birth, marital status, dependents, and disability information if this is appropriate.

Also, the resume should include educational background, work experience, hobbies, extracurricular activities, and references. A sample of a personal resume form is enclosed on page 146. Most clients will need assistance in preparing the personal resume and this can be done on an individual or group basis. If possible, forms should be typed with several copies being made for the client.

Information concerning possible employment tests would be of value to the client preparing for job exploration. Sample tests similar to those used by local companies or stores could be used as practice for clients in becoming accustomed to taking such tests. A counselor from the local state employment service would be a good individual to discuss employment tests with a group of clients. Difficult questions or problems could be shown to the group through the use of an overhead projector for discussion.

Examination and discussion of sources concerning information on available jobs is a necessary area of discussion for a job readiness class. Arrangements could be made for a rehabilitation counselor or counselor from the state employment service to talk with the group of clients in the facility concerning job opportunities in their local area; also, a tour of the local state employment service could be arranged. Classified ads could be used to assist clients in the practice of looking for jobs in the newspaper. Posters or an overhead projector could be used to demonstrate other sources for finding employment such as published lists in government offices, neighborhood youth corps, trade organizations, and friends or relatives. Group discussion could center around how other clients have been in securing employment at various factories and business

firms. If the facility has a staff member who has responsibility for placement, he could talk with the clients concerning any procedure that he has established in determining job opportunities and arranging appointments.

The process of making employment contacts and preparing for the job interview is a vital part of job readiness training. This area has already been covered to some extent in earlier discussions. The client can become acquainted with the job interview through role playing interviews with other clients in the group. Slides or film strips could be used to demonstrate the importance of good personal appearance for the interview; also, audio tapes could be used to demonstrate typical job interviews. Persons from the community involved in personnel work could discuss with the clients some of the things they look for in prospective employees and questions they often ask during the interview. Also, they could discuss some of the reasons prospective employees are turned down for jobs. Clients need to gain confidence in their ability to give a valid picture of themselves to the prospective employer. As mentioned before, it is important for a client to be able to discuss his disability and capacity limits with the employer.

Practice in completing application forms is another activity that can be carried out in small groups of clients. A sample of a job application is enclosed on page 156. As previously mentioned, using the prepared personal resume would be of great assistance to clients when they have to fill out an application form. The important area of preparation for clients in job readiness training is developing his ability to deal with the rejection felt after being

turned down by a prospective employer. These feelings of rejection and failure can quickly distinguish the client's motivation to continue his job seeking activities. Clients with handicaps need to be prepared for many employment contacts and interviews even with the help of a rehabilitation placement counselor.

The last area to be considered in job readiness training is the client's development of realistic personal goals for employment.

The client must come to some realization as to what types of work are realistic for him in reference to his specific disability and skills. An understanding by the client of types of employment in which he can successfully compete with a non-handicap is necessary. This knowledge will diminish the frequency of failure on the part of the client as he participates in job seeking activities.

Implementation of Job Readiness Training

Establish Need: Make an evaluation of clients who are presently in the facility and those who have been unsuccessful in employment to determine the need of job readiness training.

Space: Determine if space is available in the facility for group discussions, bulletin boards, and displays.

Staff: A specific staff person should have the responsibility for job readiness training with the necessary time for preparation, group discussions, field trips, and vocational counseling with individual clients.

Lesson Plans: Collect materials and develop training area outlines and lesson plans; a discussion of this procedure was included in Chapter IV.

Examples of Appropriate Methods:

1. Prepare bulletin board displays picturing "help wanted" signs, various work settings, etc.
2. Assign clients to bring in pictures of people working from magazines.
3. Conduct group discussions on employer-employee relationships, good habits, job seeking activities, etc.
4. Provide individual counseling with client concerning his maximum level of mental and physical capacity.
5. Organize practice sessions with clients taking employment tests.
6. Plan field trips on public transportation to a particular work setting in a community.
7. Create role playing situations in reference to the employment interview.
8. Conduct group work sessions on preparation of personal data sheet.
9. Have a counselor from the local state employment office talk with group about job seeking activities.
10. Secure audio-visual materials relative to the job readiness area.
11. Arrange for employers in the community to participate in group sessions.
12. Organize an occupational information library for staff and clients.

SAMPLE

Personal Resume

Name _____
 Last First Middle Social Security No.

Address _____
 Street Telephone Number

 City State Zip Code Date of Birth

Marital Status _____ Number of Dependents _____

Educational Background

	Name and Location of School	Dates Attended	Graduated	Major Subject
Elementary				
High School				
College				
Other				

Work History (List most recent job first)

Employer and Address	Dates Worked	Major Duty	Reason for Leaving

Personal References

Name	Address	Telephone Number	Occupation

Hobbies and Special Interests _____

Other Information _____

ADJUSTMENT TO SOCIAL SKILLS

Social adjustment involves improving a client's skills in social relationships not only with his peers but also with authority figures in a work situation, co-workers, and family members. This area would also include assisting clients in learning how to express themselves and better communicate their feelings to other people.

The evaluation of adjustment needs in maintaining adequate social relationships can best be done through observation of the client around peers and authority figures, past behavioral difficulties, and information from parents, former teachers, and prior employers. The client may tend to withdraw from opportunities to make social contacts because of an inability to adequately communicate with others. When social demands are made on the client, he may use certain defense behaviors such as aggression or withdrawal to discourage such demands in the future. A client may have difficulty expressing his feelings accurately to peers and authority figures; this problem may have originated with parents who refused to allow self-expression or parents who were unable to assist clients in developing adequate communication skills. Special assistance is needed, in many cases, by clients with disabilities, to establish relationships with peers who have similar interests, ages, and problems. Emphasis could be placed on how to make friends at work and information about the community such as special clubs, recreational areas, churches, and other places that would provide social contact.

Clients often have difficulty adjusting within the family unit and this problem may be influencing his adjustment in the work situation.

Discussion groups could be conducted on the responsibilities of individual family members relationships with brothers and sisters, difficulties with grandparents and other relatives, as well as other topics. Members of the group could discuss individual family problems and share difficult family experiences they have had in the past.

Many clients receiving services in facilities are from very deprived areas and, as a result, they are socially retarded. In the past, they have been basically unrewarded in their activities to gain respect from others in their environment. They have a tendency to take advantage of immediate pleasures that are available and live from day to day. These clients have a tendency to feel lonely and rejected, and to see life as being void of opportunity and achievement. In the past, social contacts have been limited to family members, close relatives, or peers in their immediate environment and people outside of their immediate environment have not been trusted. This client in the facility must learn basic steps in forming meaningful social relationships and slowly learn to trust other people in their new environment.

Implementation of Adjustment to Social Skills

Establish Need: Evaluate clients in the facility by observation, review past information, and conduct interviews to make an assessment of social needs.

Space and Time: See if space is available in the facility for group sessions and audio-visual presentations. The time would vary as it would be determined by the extent of clients' needs in social skills.

Staff: A social worker, if one is available on the facility staff, would be the logical person to conduct training in adjustment to social skills. Determine what other staff members are available to conduct social activities or discussion groups. Consider appropriate volunteers in the community for this purpose.

Lesson Plans: Collect materials and develop lesson plans, a discussion on this procedure was included in Chapter IV.

Suggested Methods:

1. Show pictures of families and discuss what they are doing.
2. Present skits on situations involving various social relationships.
3. Make posters and bulletin board displays on topics concerning social skills.
4. Conduct discussion groups on desirable and undesirable traits.
5. Use of films and filmstrips to illustrate forming friendships and relating with co-workers and supervisors.

WORK ADJUSTMENT

Work adjustment involves the adjustment of the client to the working conditions of remunerative employment in the community. A client may not have had the work experiences and social pressures that gradually instill acceptable work behavior in most people. This condition may be the result of an early disability, cultural deprivation or other reasons. In other words, the client has not been exposed to the process of learning appropriate work behavior that takes place over an extended period of time. It is socially acceptable for physically disabled persons not to be able to compete with other able-bodied persons in the work environment; however, much more social pressure to work is brought to bear, for example, on the client with an unobservable emotional disability or cultural deprived background. The availability of an adjustment workshop utilizing contract work has proven to be the best opportunity for providing realistic work experiences to the client. If this is not possible, clients can be assigned to various training areas or work stations in the facility or community for work adjustment. In these settings, the objective is usually not to teach the client any particular vocational skills but to expose him to a simulative work environment in which he can learn good work behavior. For many clients, appropriate work behavior must be shaped on a gradual basis in the workshop with close supervision and continual adjustment in the nature of the assigned work task. The adjustment staff in the workshop or other work settings is in a position to manipulate those variables of work that will assist the client in developing more appropriate work behavior.

Clients who have a primary adjustment need in this area would include those clients who have had a lack of employment for long periods of time, those who have had frequent changes of jobs, or clients who have never worked. This maladjustment could be due to a number of factors, some of which will be discussed in this section.

The inability to get along with supervisors and co-workers often results from excessive overprotection or rejection in the past. These clients have not learned to handle the social and interpersonal demands of the work setting. This problem could have originated from cultural environment, parental influence, disability occurring during the formative years, unfortunate work experiences as well as many others. Many times, their interactions with co-workers cause feelings of conflict or incompatibility and bring about rejection and contempt; thus, negative attitudes about people in work situations have developed. In the workshop, the client can be confronted with the full range of interpersonal relations that will later be encountered by him on the job. The degree of interpersonal stress and supportive supervision can be controlled according to the clients needs.

Many clients are unable to tolerate work pressures and react to the pressures in different ways. Some clients react to these pressures with anger and aggression. They are very sensitive to criticism from persons perceived as authority figures and from peers on the job; they like to be left alone with no supervision. This work behavior is typical in the client who has had frequent job changes. Through supportive guidance, they can learn that others

can be trusted and become aware of some of the rewards of maintaining a job. Other clients react to work pressures with fear and anxiety followed by withdrawal from the work environment. They have questions as to their ability of functioning as a productive worker and there is continual evidence of their lack of self-confidence. Fear of failure may have a definite effect on the quality and quantity of their work performance. Criticism and supervisory pressure usually result in withdrawal on the part of the client and this client usually has a lot of separation anxiety when he is faced with leaving the workshop and entering gainful employment. A supportive work supervisor is needed to gradually assist the client in gaining self-confidence in his ability to become a productive worker outside the workshop.

The overly dependent client is another type of client seen in the adjustment workshop. His handicapping condition may have brought about much over protection which has created this dependency. This client has learned through his environment that any independent behavior on his part is threatening and this has made him totally dependent on others. He will need a great deal of continuous and supportive supervision in a work setting made up of learning experiences that would expose him to the rewards of independent activity.

Other clients do not identify themselves with the role of a worker. They lack motivation to work and have a negative attitude about work. These clients need to experience and gain knowledge about the rewards of performing appropriate work activity. They may have come from homes that place very little value on working.

Their parents or other relatives may be living on public assistance or other income for any number of reasons. The client needs to learn that acquiring some occupational skill and/or working at a steady job can bring about feelings of independence and security. This objective can be accomplished through work experiences in the workshop that provides the client an opportunity to get satisfaction and reinforcement that is meaningful to him. As a result, he can gradually build his respect for himself as a productive worker. Hopefully, positive work behavior could be developed that would be rewarded in future jobs.

During the adjustment training phase, clients, as a group, could have an orientation to the various work settings in the workshop and during this process, their existing work behavior could be further evaluated. While they are participating in the work experiences in the facility, discussion groups could be held concerning aspects of good work behavior such as relating to co-workers, understanding the role of supervisors, quality and quantity of work performance, overall demands of the work setting, advantages of functioning as a productive worker, as well as other appropriate topics. The clients, who continue to have problems in work adjustment after the training phase, must then have an individual program in the personal adjustment phase to modify their maladjusted work behavior.

Implementation of Adjustment to Work

Establish Need: Evaluate the sources of work activity for clients in your facility and community. Clients who need to improve their adjustment to work, needs to participate in work activity that varies

from simple, uninvolved work tasks to more complex, stressful work settings.

Space: An adjustment workshop or other types of work settings are needed where simulative work experiences are available. Determine if space is available for work activity in the facility and also space for discussion groups to meet and explore various aspects of adjustment to work.

Staff: Determine if appropriate staff would be available as work supervisors and adjustment instructors who can analyze and encourage good work behavior.

Lesson Plans: Identify the various discussion topics appropriate to adjustment to work and collect appropriate materials. Organize materials and develop lesson plans; a discussion of this procedure was included in Chapter IV.

Suggested Methods:

1. Stimulate good work habits with posters and bulletin board displays in the workshop.
2. Maintain variation in work tasks in terms of complexity, interpersonal pressures, production demands, quality control, etc.
3. Use field trips to industry and other work settings in the community to demonstrate to clients various types of workers on the job.
4. Group discussions in establishing client's identities as workers.

SAMPLE
Application for Employment

Name _____
 Last, First Middle Soc. Security No.

Address _____
 Street Marital Status _____

 City State Zip Code

Date of Birth _____ Place _____ Present Age _____

Are you a citizen of the United States? _____ Number of Dependents _____

Do we presently employ a relative? If so _____
 Name Relation

Education

Name of School	Town & State	Principal	Year Grad	If not a graduate last year completed
Elem				
High				
College				
Other				

Previous Experience

Employer	Date From-To	Address	Type of Job	Name of Supervisor	Reason for Change

Character References

(Do not use relatives or past employers)				
Name	Street Address	Town & State	Occupation	

Remarks: Use the space provided below for any additional information that will be helpful to us in giving consideration to your application.

Date _____

Signature of Applicant _____

ADJUSTMENT FOR RECREATION

The use of recreational activities can be an important asset to an adjustment program because it is a vital part of the growth of all individuals. The recreational activity should only exist when it is meeting certain objectives in the client's adjustment program. If it functions just to keep a client busy, then it is not a contributing factor to the adjustment program. In other words, it is important to always be concerned about what the activity does for the individual, not what the individual does for the activity. Recreational activities can exist in many forms, the following being some examples: socialization activities (card games, special movies, parties, etc.), dramatics (plays and skits), typical sports activities (basketball, bowling, shuffle board, etc.), entertainment (spectator sports, variety shows, etc.), hobby activities, and physical exercise.

If recreational activities are to complement the adjustment training program, they must serve as positive learning experiences for clients in the rehabilitation facility. The following are some justifications for using recreational experiences in the client's adjustment program:

- (1) Recreational activities may provide an opportunity for the client to develop hidden ability and potential that can be transferred to other situations such as manual dexterity, physical motion, following directions, and assuming leadership.

- (2) The client may develop interests and hobbies that may generalize to future leisure time. Clients could be given some

orientation as to where recreational opportunities exist in the community. They could use their ability to participate in sports activities to meet people and to become better integrated into the community.

(3) Within the facility, the client could learn how to relate with others through the recreational activity, instead of having to confront another client directly which may be very threatening. In this case, the activity becomes the focal point of interaction instead of the client himself.

(4) The client can learn how to achieve personal success through recreational participation and also learn to deal with failure. Through recreation, he can see the tangible results of reaching a goal.

(5) Many education skills can be learned or applied in recreational activities. For example, working with numbers are necessary in keeping score and some concept of time is needed in many such activities.

(6) Clients can learn certain concepts of safety and care of property by participating in recreational activities.

(7) Many good work habits can be generalized from recreational activity. Some of these work habits are punctuality, working with a peer group, conforming to rules, relating to authority figures (referee, coach, or team captain), social demands of the work setting, quality and quantity of work, etc.

(8) Other adjustment needs that may be met through recreation would include improvement of self-expression, emotional release

and relaxation, becoming more independent, gaining confidence in entering new situations and experiencing the security of belonging to a group.

Participation in recreational activities may be used as reinforcement for a client who has demonstrated a certain criteria of appropriate behavior in his behavior modification program. In facilities without a structured recreational program, blocks of time could be planned periodically in facilities for a sports activity, participation in games, or other activities that are appropriate for the group of clients in the facility. These activities could be available for all clients or they could be utilized as reinforcers for behavior and performance meeting certain individual criteria.

In summary, recreation can provide valuable learning experiences for clients in a rehabilitation facility. Also, through recreation, many clients may become motivated to respond to their environment and begin movement toward other goals in their rehabilitation program.

VI

FOLLOW-UP

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PURPOSE AND PROCEDURAL SUGGESTIONS

A process of follow-up on clients who have completed or terminated a program of adjustment services and left the rehabilitation facility is of significant importance. In too many cases, the effectiveness of an adjustment training program is evaluated on the basis of an assumed successful placement when the client leaves the rehabilitation facility. The reasons for ignoring follow-up may involve a lack of funds and staff time to keep in touch with and periodically interview clients who have completed an adjustment training program. A staff person in the facility should have the responsibility for follow-up. This individual must know when follow-up information is due on each client and be sure appropriate contact is made with the client. Finances must also be available for staff time, materials needed, and expenses incurred in the process of gathering follow-up information. Some systems must be initiated to determine when follow-up is needed and when the information is received, to be sure it gets into the client's file. This information or at least part of it should be fed into a central statistical system that would make follow-up information available on a semi-annual or annual basis. The most important use of follow-up information is to determine if the behavioral objectives accomplished by the client during his adjustment training program were maintained or if they were modified in a negative direction.

The purpose of follow-up is to test the validity of the adjustment training program. In other words, follow-up determines the extent to which the adjustment program is accomplishing its purposes. How well does job readiness training prepare the client for job seeking activities and maintenance of successful employment? Does a client's behavior changes tend to be permanent or has he reverted back to pervious levels of inappropriate behavior? These are some questions that could be resolved through a process of follow-up. If a client has been successful or unsuccessful after leaving the facility, it is important to understand what caused that outcome and the extent to which various techniques and precedures are effective.

What should be the timing of the initial follow-up and the periods of subsequent contacts? This may be established the same for all clients or this process may be determined by the characteristics of the individual case. Usually, the initial follow-up should occur 15-30 days after the client leaves the rehabilitation facility and enters employment. The first few weeks is the critical period during which time the client's newly acquired behavior and habits are tested. Additional follow-up should be scheduled at two or three month intervals after the initial follow-up. If the client fails to make the adjustment to his new situation during the first few weeks, the rehabilitation facility should make a decision as to whether or not additional adjustment services are warranted. In any case, an effort should be made to determine what changes could have been made in the adjustment services program to better fit the needs of the client. If possible, all clients should be followed for at least

one year after they have been terminated from the adjustment training program.

How should follow-up be accomplished? An interview with the client in his new environment appears to be the most effective procedure in obtaining follow-up information. This procedure may facilitate some valuable non-verbal information that the client would not be able or willing to communicate under other conditions. Contact with the client's employee with the client's permission is another method of obtaining information about the client's adjustment on the job. Other methods of obtaining follow-up information would include telephone interviews or contact by mail as indicated above; these methods are usually not as valid unless accurate knowledge is known about the client's total situation. Other sources of follow-up information such as employment service counselors, rehabilitation counselors, welfare department representatives, officers of the parole board, or others who have contact with the client, should also be utilized.

What kind of information should be obtained during follow-up?

It has already been stated that the purpose of follow-up is to determine the extent to which the adjustment training program is accomplishing its purposes. Has the adjustment plan formulated for the client realistically and has it been fulfilled? Has the client been able to maintain appropriate patterns of behavior established during the adjustment training program? If not, what changes could have been made in his adjustment process to facilitate this maintenance? What adjustment difficulties are being experienced presently

by the client? Are additional adjustment services indicated? These are some of the typical questions to consider during initial and subsequent follow-up of clients.

The process of follow-up is not only designed to indicate how you are doing, but also where you are going. Follow-up information should be continually used as an ongoing evaluation of the adjustment training program in an attempt to improve the quality of the services. Knowledge gained about what happens to clients can be generalized in the planning of adjustment services for subsequent clients. The follow-up process culminates the goal of the adjustment services for subsequent clients. The follow-up process culminates the goal of the adjustment training program which involves assisting clients to maintain and improve appropriate behavioral patterns of adjustment in his employment and in the community.

FORMS FOR IMPLEMENTATION OF FOLLOW-UP

On the next few pages are examples of forms that could be used in obtaining follow-up information. This information could be obtained through the use of a letter or by direct contact with the client or employer. Permission should be obtained from the client prior to contacting his employer for information.

FOLLOW-UP LETTER TO CLIENT

Dear _____:

In order to complete the information in your file and to improve our services to other individuals, we would appreciate it if you would complete the following questionnaire by placing an (x) in the appropriate boxes for each question. After you have finished, return the form in the enclosed, stamped envelope.

1. Employment:

☐ Full Time ☐ Part Time ☐ Not Employed

2. Job Change:

☐ No Change ☐ One Change ☐ Two or More Changes

3. If you changed jobs:

Name and Address of Present Employer

4. Satisfaction with present job:

☐ Satisfied ☐ Not Satisfied ☐ Undecided

5. Reason for job change:

☐ Better Job ☐ Layed Off ☐ Fired ☐ Quit

6. Difficulties on the job if any:

☐ No difficulties ☐ Difficulties with co-workers
☐ Difficulty with forman, supervisor, etc. ☐ Work too difficult

7. Income per week:

☐ Below \$75.00 ☐ \$75.00--\$125.00 ☐ Above \$125.00

8. Financial condition:

☐ Able to meet expenses
☐ Some difficulty meeting expenses
☐ In need of financial assistance

9. Change in Marital Status:

☐ No Change ☐ Married ☐ Separated
☐ Divorced ☐ Widowed

10. Present living conditions:

☐ Satisfactory ☐ Not Satisfactory

11. General Adjustment:

☐ No serious problems
☐ Some major problems--I would like to see a counselor.

12. If you would like to see a counselor when can you be contacted?

☐ House ☐ Work ☐ Morning
☐ Afternoon ☐ Evening

Thank you for your assistance in providing us with this information.

(Signature and Title)

FOLLOW-UP LETTER TO EMPLOYEE
(only with permission from client)

Mr. John Doe
123 Oak Street
Annytown, U.S.A.

Dear Mr. Doe:

We are conducting a follow-up of persons who have completed adjustment services as a part of their rehabilitation program with our facility. (client) who is presently one of your employees has given us his permission to solicit your opinion as to his job performance with your company.

Would you please check the appropriate boxes related to the following descriptions of (client's) job performance and return it to us in the addressed, stamped envelope provided for you.

Thank you for your cooperation.

Sincerely,

Your name

EMPLOYEE PERFORMANCE FORM

Employee's Name _____

Date Hired _____

Date Started on Job _____

Good: The employee's performance meets or exceeds requirements as the job is defined at the time of rating.

Fair: The employee's performance is below the requirements for the job and must improve to be satisfactory.

Unsatisfactory: The employee's performance is deficient enough to justify release from present job unless improvement is made.

Please rate the following factors in terms of work behavior and job performance:

	Good	Fair	Unsatisfactory
1. <u>Quantity of Work</u> : Volume of work regularly produced.	☐	☐	☐
2. <u>Quality of Work</u> : Extent to which work produced meets quality requirements of accuracy, thoroughness, and effectiveness.	☐	☐	☐
3. <u>Dependability</u> : Extent to which employee can be counted on to carry out instructions, be on the job, and fulfill responsibilities.	☐	☐	☐
4. <u>Job Attitude</u> : Amount of interest and enthusiasm shown in work.	☐	☐	☐
5. <u>Adaptability</u> : Extent to which employee is able to perform variety of assignments within scope of job duties.	☐	☐	☐

	Good	Fair	Unsatisfactory
6. <u>Job Knowledge:</u> Extent of job information and understanding possessed by employee.	☐	☐	☐
7. <u>Judgment:</u> Extent to which decisions and actions are based on sound reasoning and weighing of outcomes.	☐	☐	☐
8. <u>Initiative:</u> Extent to which employee is a "self-starter" in attaining objectives of job.	☐	☐	☐
9. <u>Organizing Ability:</u> Effectiveness in planning and performing work systematically.	☐	☐	☐
10. <u>Effectiveness in Dealing With People:</u> Extent to which employee cooperates with, and effectively influences people he contacts.	☐	☐	☐
11. <u>Overall Evaluation of Employee Performance</u>	☐	☐	☐
12. Evaluation of Employee's Performance: Considering Length of Time on Job and Amount of Progress.			
☐ Making Good Progress:			
☐ Progressing, But not as Rapidly as Desired:			
☐ Progress not Satisfactory			

APPENDIX

REFERENCES

INSTRUCTIONS FOR USING REFERENCES

The following list of references represent publications the authors referred to or became aware of during the writing of this guide to adjustment services. Although it is by no means complete, it is felt that these references will provide the interested reader with a sound list of supplemental readings in the various subject areas.

For the reader's convenience, the following key is provided to assist one in finding those publications pertaining to one or more of the specified subject areas. The numbers listed under each of the fifteen subject categories represent the article with the same number found in the list of references.

Key to Subject Areas

Adjustment Training

2	118	58	115	146	182
3	26	64	116	155	
10	38	80	121	163	
11	43	106	132	169	
15	57	112	134	174	

Counseling

6	90	126	139
13	100	133	140
48	125	134	142

Disadvantaged

6	79	120
7	98	180
9	178	
55	109	

Emotionally Handicapped

3	88	173
5	119	
30	125	
31	140	
58	171	

General Adjustment Services

2	75	107	147	161
35	76	129	153	172
36	91	131	156	
46	103	136	157	184
59	104	137	159	185

Group Counseling

18		135
27	74	152
40	79	164
62	111	177

Mentally Handicapped

12	54	122	169
	61	138	182
41		141	
44	96	143	
45	105	168	

Modification of Behavior

1	48	93	108	133	181
14	53	94	113	144	183
16	56	95	126	149	187
21	85	99	127	160	188
24	86	100	128	166	

Personal and Social Adjustment

1	44	57	118
5	45	63	119
20	46	69	
38	47	92	
42	49	96	

Physically Handicapped

5	49
19	123
36	184
37	
39	

Placement

8	32	122	186
23	55	145	
28	89	151	
29	105	158	

Principles of Learning

82	110
83	180
85	
94	

Rehabilitation Facility Services
(Includes materials on Sheltered Workshops)

9	52	71	97	154	173
25	60	73	98	160	176
30	65	78	117	161	179
33	66	81	121	162	187
41	68	87	130	165	188
51	70	88	148	167	

Work Adjustment

13	72	102	136
17	76	114	143
34	77	115	171
50	101	121	177

Work Evaluation

4	67	150
17	84	170
22	106	175
63	129	

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